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ABSTRACT

Following a situational analysis of the status of continuing education (CE) of registered nurses (RNs) in Florida, a series of activities were undertaken to implement the findings of this analysis and foster a statewide system of CE for RNs. These activities were designed to meet the following eight operational objectives: (1) To increase communication and cooperative planning in decisionmaking between the official and professional leaders involved in health delivery and CE of RNs at the State, regional, and local levels; (2) to replicate the study on "Perception of Learner Needs" (conducted during the aforementioned situational analysis) on a stratified random sample drawn from Florida's RN population; (3) to develop guidelines for identification of advanced nursing content in the five areas of nursing practice, and to apply these to program review; (4) to plan programs with and for CE program planners based on findings of learner needs and advanced guidelines; (5) to study and recommend a mechanism for recording CE units earned by nurses; (6) to explore the role of the State Board of Nursing in CE for RNs; (7) to develop and test a regional model system of CE for RNs; and (8) to conduct five regional feedback conferences related to the model system of CE for RNs. (This report discusses in considerable detail the activities, findings, and recommendations relative to each operational objective.) (EM)

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A SYSTEM OF CONTINUING EDUCATION FOR THE REGISTERED NURSE IN FLORIDA

MAKING THE SYSTEM WORK

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PREFACE

Almost every issue of the daily paper stresses the need for the professional to maintain competency and thus, stand accountable for the service which is given. Nursing is no exception.

Recognizing this fact, nurse-leaders in recent years have urged their peers to become more involved in continuing education as one means for assuring competency.

Thus, professional and allied health groups at all levels have undertaken studies and activities designed to increase both the quality and quantity of continuing education for the registered nurse.

Within the State of Florida, a joint approach to meeting the C.E. needs for the R.N.*has been undertaken by the Florida Nurses Association and the Florida State Board of Nursing.

Under a grant from the Florida Regional Medical Program, a situational analysis of the status of C.E. for the R.N. was carried out during the period from February 1, 1974 through June 30, 1974. The findings from this study led to a series of activities during the period of July 1, 1974 through June 30, 1975, again under a grant from the Florida Regional Medical Program.

These activities have been designed to foster a statewide system of C.E. for the R.N. A system in which the required elements and processes would be given attention. Thus, development of an operational network of sub-systems, offering appropriate C.E. for the R.N. could be encouraged. A network in which vested interests would be placed secondary to the overall needs of the profession in the State.

This report documents the activities undertaken. The activities sought answers to the following questions:

1. How can communication and cooperation for decision-making be advanced within the State re: C.E. for the R.N.?
2. Are the C.E. learning needs of the R.N. population at large the same as those of members of a professional organization?
3. What,in fact, does constitute advanced level C.E. for the R.N.?
4. What effect do structured activities have upon development of appropriate C.E. for the R.N.?
5. What problems are encountered in setting standards, policies, practices, and making decisions re: evaluating C.E. offerings and in validating participation in these?
6. What roles do state agencies play in assuring a C.E. system for the R.N.?
7. Given the number of counties within the state and the variability of resources (personnel, facilities, funds), is regional cooperation a viable option to establishing a statewide system?

---

* From this point on in the text, the phrase "continuing education for the registered nurse" will appear as "C.E. for the R.N."

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CHAPTER I

FINDINGS AND RECOMMENDATIONS

1.0 INTRODUCTION.

F.R.M.P. #189B is a continuation of a project initiated by the Florida Nurses Association and the Florida State Board of Nursing. The initial phase was concerned with assessing the continuing education needs of the registered nurse* in Florida, and was reported in "A Situational Analysis".[1]

Systems theory forms the base for the project, and the definition of a system as a series of interactive parts was accepted by the project staff. Thus, the elements and processes required of an operational system, which appear below, formed the basis for the actions taken:

Elements:
- A common body of belief and sentiment which determine ends and means;
- Goals, ends, objectives or purposes toward which behavior is directed;
- Norms - expected and prescribed ways of acting in relation to the goals;
- Roles or behaviors which are expected of individuals in given positions or situations;
- Status or ordering of the individual in the system;
- Power, authority, influence, force or coercion, ability or right to control others;
- Sanctions, those patterns of rewards and punishment which encourage behavior that conforms to norms;
- Facilities or means used to obtain ends or goals of the system.

Processes:
- An effective mechanism for communication;
- A well-defined model for decision-making;
- Use of problem solving techniques;
- Recognition of and a mechanism for dealing with boundary confrontation;
- A structure which allows for articulation of the elements of the system;
- A clearly defined way for socialization of the individual into mores and goals of the system;
- A method or process for regularization of the relationship among the elements.

While the entire project has been concerned with establishing an overall system, the present phase, #189B, has focused on implementing the findings reported in the Situational Analysis.

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*From this point on in the text, the phrase "continuing education for the registered nurse" will appear as C.E. for the R.N.

The operational objectives for Phase B included:

- To increase communication and cooperative planning in decision-making between the official and professional leaders involved in health delivery and C.E. of R.N.'s at the state, regional and local levels.
- To replicate the study on "Perception of Learner Needs", conducted during F.R.M.P. #189A, on a stratified random sample of nurses drawn from the registered nurse population in Florida.
- To develop guidelines for identification of advanced nursing content in the five areas of nursing practice, and applied to program review.
- To plan programs with and for C.E. program planners, based on findings of learner needs and advanced guidelines.
- To study and recommend a mechanism for recording C.E. units earned by nurses.
- To explore the role of the State Board of Nursing in C.E. for R.N.
- To develop and test a regional model system of C.E. for R.N.
- To conduct five (5) regional feedback conferences related to the model system of C.E. for R.N.

This chapter presents a synthesis of findings, conclusions and recommendations resulting from activities carried out between the period of July 1, 1974 through June 30, 1975 to meet the objectives.

In presenting the synthesis, attention is given to the effect of the critical elements and processes required for an articulated system.

2.0 FINDINGS AND RECOMMENDATIONS (By Objectives)

2.1.0 Objective No. 1 - To increase communication and cooperative planning in decision-making.

2.1.1 Findings.

Re: Belief.

-The R.N. in Florida, whether or not a member of the professional organization, wants and needs appropriate C.E.

-Leaders in nursing and in allied health and education groups recognize this need and are involved to various degrees in attempts to provide appropriate C.E.

Role.

-There is a lack of clarity about the role and degree of involvement of the following in advancing C.E. for the R.N.:

Florida Nurses Association
Florida State Board of Nursing
Department of Education (Colleges; Universities)
Department of Health & Rehabilitative Services
Department of Commerce
Florida Hospital Association
Florida Nursing Home Association
Voluntary Health Groups
Statewide Task Force
Regional Task Forces/Consortia
Local Task Forces/Consortia
F.N.A. District Associations
Hospital and Nursing Home Inservice Educators

Status.

-Official agencies carry status, by law, for involvement in C.E.

-Professional and voluntary groups have limited status due to vested interests.

Power.

-Statutory regulations give power to official agencies, but a variety of factors dilute this power: internal dissension, constituent pressures, lack of adequate financing.

-Professional organizations, because of vested interests, restricted membership, and limited financial resources, hold varying degrees of power.

-Regional and subregional groups, which cut across both official and professional organizations when they direct their efforts to C.E. for the R.N. and do not expand activities to cover all health groups, are able to exert power at these levels.

Means of Reaching Goals.

-Present mechanisms for reaching goals of adequate C.E. for the R.N. tend to be met as need arises without long range planning, either vertically or horizontally, within or among groups involved.

-Programs frequently are duplicated without coordination, using the same expensive resource persons, e.g. Dr. Kubler-Ross, nationally known authority on death and dying.

-Present communication channels for encouraging cooperation and coordination tend to be limited, both vertically and horizontally, and reflect clustering of groups with similar interests.

-Dissemination, concerning all C.E. offered throughout the state, is not coordinated although house organs are available.

-Available house organs are limited in scope, restricted in circulation, and costly to produce.

Decision-Making.

-There is an increased availability of data about the learner and the C.E. needs and resources.

-Data bases have not been commonly agreed upon; hence, decision-making requires manipulation of information upon which no agreement has been reached, e.g. definition of C.E., what constitutes a C.E. unit, what is basic or advanced content, how many programs attended by how many people as a group or individually.

-Data which are available are not easily accessible.

-Data from learners re: their needs,are increasingly being used in planning programs.

-Decision mechanism is moving in some groups toward consensus, but employer demands in acute care institutions, tend to preset program content.

Boundary Fighting and Structure.

-There is continued evidence of increased boundary fighting among groups offering C.E. for the R.N.

-No unifying structure, which provides a relatively neutral territory, is available to resolve the conflicts among the groups.

Regularizing Relationships.

-Two official agencies have openly disclosed responsibility for supporting a statewide system of C.E. for the R.N. These are the Florida State Board of Nursing and the Department of Education - Technical and Health Occupations Education.

-All professional groups endorse a statewide concept, but are not in agreement as to who should have authority for articulating system.

-No sanctioned mechanism for a system is presently evident.

2.1.2 Recommendations.

-The various options outlined in Chapter II of this report should be used as a basis for arriving at consensus for authority re: a statewide system.

-Representatives of all concerned groups should be convened to consider establishment of an authority acceptable to all.

-Membership, at all levels, should focus on all groups concerned with C.E., and leadership should be rotating in nature so that no special interest group controls short and/or long range goals.

-The task force at the local level and the C.E. consortium at the regional level appear to be viable units of a total system, and should be promoted. (Appendix 16)

-*Ad hoc* or standing committees at each level, representing input from all types of R.N.s and all types of employers plus consumers, be established.

-Such committees should be concerned with collection of hard data for decision-making, for developing, offering and evaluating C.E. programs, for setting short and long range goals, for presenting needs (personnel, resources, facilities, finances) to appropriate official bodies for action. Of particular need is a committee to study, in depth, the advisability of disseminating C.E. information at each level and developing a mechanism to do this.

-An acceptable method for dealing with boundary fighting should be developed to minimize manipulation and to expedite coordination.

2.2.0 Objective No. 2 - Replication of the learner needs study on the R.N. population at large.

2.2.1 Findings.

-The learning needs of the R.N. in Florida in the general population differ from those of the members of the professional organization at a statistical, but not a practical level.

-Significant differences do exist re: C.E. needs as to role, field, area of practice and region.

2.2.2 Recommendations.

-When planning C.E. programs for R.N.s at large on a statewide basis, use data obtained from replication study.

-When planning programs according to role, field, area of practice and region, use data obtained from replication study and note items showing significant differences.

-When planning programs for F.N.A. members, use data collected in Phase 189A.

-Validate priority rankings for both studies at the local and regional level.

-Modify instrument to include specific examples when dealing with special interest groups or individuals within a single agency

-Obtain perceptions of employers re: learning needs; find commonalities between employer/employee perception of need and begin program offerings where agreement exists within an agency.

2.3.0 Objective No. 3 - To develop guidelines for identification of advanced nursing content in the five areas of nursing practice and apply to program review.

2.3.1 Findings.

-American Nurses Association Standards for C.E. require advanced level content, as does the definition "continuing education".

-Florida Nurses Association, as a branch of the parent group and standard setter, requires identification of advanced level content for program recognition.

-Generic competencies for Florida Schools of Nursing have not been either clearly stated or agreed upon by educators; hence, determination of what constitutes advanced level content is difficult to assess.

2.3.2 Recommendations.

-The Florida State Board of Nursing should form an ad hoc committee to identify and set standards for C.E. for R.N.s.

-The A.N.A. Standards for C.E. should form the basis for developing statewide C.E. standards for use by both the Board and other professional groups.

-Schools of Nursing in Florida should come to an agreement on behaviors which can be expected of the graduate of each type of R.N. program, outline basic content and disseminate these to all professional and educational groups and employers of R.N.s within the State.

-A F.N.A. ad hoc committee of clinical specialists, educators, administrators from various areas of practice should use these competencies to develop guidelines of advanced content for program review.

-F.N.A. at this time should continue development of its program of recognition of C.E., but use a committee review process, and consider limiting the number of programs reviewed by means of agency accreditation and refining criteria for recognition.

2.4.0 Objective No. 4 - To plan programs with and for C.E. program planners based on findings of learner needs and advanced guidelines.

2.4.1 Findings.

-Based on data obtained from Phase A re: level of readiness of program planners to structure C.E. for the R.N., statewide conferences of a "how-to" nature were presented. Using the degree to which programs submitted for F.N.A. recognition met stated criteria, there appears to be some correlation, at least on paper, of improvement in programs submitted and the conferences held.

-The need for additional help by Inservice Educators in all types of health agencies on structuring programs was also made clear at these conferences.

-Evaluation of C.E., which will provide data for fiscal support, continues to be a vexing problem.

-Data, derived from program review, indicate an increase in the number of programs submitted for recognition with more programs receiving recognition on initial review.

-Gaps in content areas continue to exist re: role of nurse, changes in therapies, social and cultural factors unique to Florida citizens.

-Hospitals continue to be the major sponsor of C.E. for the R.N.

-The "How To Plan C.E. Programs for the R.N." conferences, albeit basic in nature, did, in fact, produce change in programs submitted by participants to F.N.A. for recognition. More programs from participants met the stated criteria on the first try.

-Program planners began to use the managerial concept, PERT 2/ (Program Evaluation Review Technique) to structure sequential offerings around a major theme and extended these offerings over a longer period of time.

-A modest number of planners attending the conferences were willing to serve as resource persons to their peers, but all need help in gaining confidence in order to serve as a consultant or resource person.

-Formalized conferences on evaluation are viewed as valuable by program planners, and use of University faculty as a touring teaching team is one way to extend the talents of professionally prepared nurse leaders.

-The current F.N.A. guidelines and mechanism for program review need revision to assure that concepts being offered are at the advanced level, the review process is as objective as possible, and the methodology used to identify needs, plan, offer and evaluate programs, incorporate principles of adult education.

2.4.2 Recommendations.

-F.N.A. should continue, via activities on program review, clinical conference sessions and any sponsored or co-sponsored C.E. programs, to incorporate the criteria set for program recognition. These activities can then serve as models for change.

-Program planners continue to make efforts to develop large blocks of sequential learning focused on major nursing concepts over an extended period of time.

-Concerted efforts be made at local, regional and state levels to move to correct gaps and deficiencies in C.E. programs as they relate to medical and nursing therapies, management, teaching and trends in health care.

-Colleges and universities provide formalized courses on the nature and methods of C.E. for health professibnals, either on a credit or CEU basis.

-The C.E. Consultant with the Florida State Board of Nursing should continue her efforts to serve as a resource person to program planners.

-Other official consultants should expand their roles to include responsibility for developing effective C.E. at the local, regional and state levels.

-F.N.A. should join with other health professional and official groups to offer, on a regular basis, planning sessions on how to develop C.E. programs for the R.N.

-College and University Schools of Nursing should increase their input into planning and participation in C.E. at all levels.

-Efforts to develop effective methods for evaluation of C.E. via job performance be continued.

-A yearly master C.E. plan of statewide programs be coordinated by the Florida State Board of Nursing at the state level and disiminated to regional and task force groups so that duplication can be avoided and the effect and/or implication of such programs upon those at the local level can be anticipated.

2.5.0 Objective No. 5 - To study and recommend a mechanism for recording C.E. units earned by the R.N.

2.5.1 Findings.

-The current state of flux within the A.N.A. re: involvement in program review, data collection, and record keeping has imposed limits on investigation into record keeping within the State of Florida.

-The increased interest in making C.E. a mandatory requirement for relicensure has increased the need to think through the implications of eventual State Board of Nursing policies and procedures as they relate to the present voluntary recording system under F.N.A. control.

-The Florida State Board of Nursing is the logical group to develop statewide C.E. policies and procedures because of its control of licensing.

-Health professionals, employers and consumers should have input into problems of recording C.E., but of necessity the ultimate decision rests with the Florida State Board of Nursing.

-The mechanism developed for recording C.E. units should be consistent with other professions in the State, having a similar requirement, and should capitalize on the computer expertise within the office of the Department of Professional and Occupational Licensure.

2.5.2 Recommendations.

-The State Board of Nursing should develop a CE philosophy and, based on this philosophy, develop a separate regulation for CE.

-The FNA should continue its voluntary CE program through 1978 after which it should be dropped. Continuation of the program will provide a vehicle for experimentation on methods and procedures.

-The FNA should develop procedures for sponsor approval in addition to program approval.

-The State Board of Nursing should survey RN's and LPN's in conjunction with relicensure, regarding CE availability, attitude toward mandatory CE, opinion on reciprocity and non-residents, and acceptable CE subject matter.

-The State Board of Nursing should monitor progress in the development of computerized processing by the State Board of Accountancy.

- The following sequence of events should take place leading to implementation of mandatory CE in 1979 (for 1980 relicensure):

  - develop CE philosophy
  - develop State Board of Nursing regulation
  - perform system study for computer record processing
  - develop processing system
  - implement system.

2.6.0 Objective No. 6 - To explore the Role of the State Board of Nursing in CE for the R.N.

2.6.1 Findings.

- The current law, establishing the Board, implies rather than states, that the Board has specific responsibility for monitoring C.E. for the R.N. within the State.

- The proposed nurse practice act with the amendment re: requiring C.E. for relicensure will mandate Board responsibility in this area.

- The current role of the State Consultant for C.E., established by the Board, is a positive effort to assist all levels of program planners, but is unrealistic in terms of job demands.

- Present Florida State Board of Nursing Consultants are fully committed so that extension of their roles as resource persons in C.E. needs considerable thought.

2.6.2 Recommendations.

- The Board should establish a state-level mechanism which would coordinate official and professional groups concerned with C.E. for R.N.

- Problems should be identified and prioritized so that when the mandatory requirement becomes effective a smooth transition can be accomplished from voluntary compliance to the rules established by the Board.

- Ad hoc groups should be established to investigate the problems identified and make recommendations to the Board.

- The Board should disseminate short and long range goals and activities to be undertaken both horizontally and vertically within the state to all groups involved in C.E.

- The Board should monitor C.E. movements via
  - --- annual licensing forms and survey
  - --- annual meetings of task force and district nurses association
  - --- periodic update of C.E. needs and resources.

- The Board should encourage appropriate legislation for assurance of quality C.E.

- The Board should encourage development of regional Task Forces and Consortia of several Task Force groups so all areas of the State are covered. (see Option 3).

2.7.0 Objective No. 7 - To develop and test a regional model system of C.E. for nurses.

2.7.1 Findings

- Individuals from official and professional health delivery and educational groups committed to and involved in C.E. for R.N. can be identified within a region.

- Such individuals, if given minimum financial support and staff assistance for a planning phase, can form a viable organizational structure.

- Activities appropriate to regional cooperation can be identified if group techniques are used, which promote maximum input from those planning C.E. programs.

- Regional C.E. activities can be prioritized and individuals found, both within and outside the group membership, who are willing to promote regional activities.

2.7.2 Recommendations.

- The consortium model, developed for F.N.A. Region II, should be tested in other regions of the State.

- The region should either fit those existing within F.N.A. or reflect the new regions allocated to the nine Health Service Agencies.

- Planning funds should be made available for development of each regional consortia and these funds should be sought from F.R.M.P. and/ or the new Health Service Agencies.

- The Department of Education (Technical & Health Occupations Education Division) should continue to serve as the umbrella for the regional consortia, thus encouraging maximum use of the State's colleges and universities.

- The consultants, assigned to the State Board of Nursing and the Department of Education, should serve ex-officio to regional consortia, thus maximizing use of available State resources.

2.8.0 Objective No. 8 - To conduct five regional feedback conferences related to the model system of C.E. for R.N.

2.8.1 Findings.

-Planners of and participators in programs of C.E. for the R.N. are eager to increase both quantity and quality of C.E. for R.N.

- Data collected in a research study such as F.R.M.P. # 189B can be used at the local level to promote opportunities for appropriate C.E. for R.N.

- Valuable data on reality factors influencing C.E. for R.N. can be obtained from informal discussions with program planners.

2.8.2 Recommendations .

- Regardless of the option selected for a formal State-wide system, periodic "feedback" conferences at the local level should be held.

-Such conferences should provide information about trends affecting the role of the R.N. in the State, about anticipated changes in medical and/or nursing therapies, about unique health problems of Florida's citizens etc.

-Specific guidelines for offering appropriate C.E. should be available through these conferences.

-Hard data re opportunities and available resources (personnel, facilities, media, finances) should be provided from planners at the "grass roots."

-These data should be taken into consideration by those involved in C.E. for R.N. at State level, when establishing objectives for the years ahead.

10.0 SUMMARY.

Lewin's Theory of Force Field Analysis 3,4,5,/ suggests that change in an interactive field can be produced in a given direction by adding positive factors and/or removing negative ones.

C.E. for the R.N. at any level provides an interactive field involving learner, educator, employer and consumer. Thus, both positive and negative factors are currently operating in the field.

To produce the quality and quantity of C.E. appropriate to the needs of the R.N. as well as the unique problems of Florida's suppliers of health care and its consumers, requires reinforcing actions viewed as helpful and avoiding support of those factors viewed as negative.

This project undertook promotion of an articulated system of C.E. for the R.N. by giving attention to state, regional and local groups committed to the overall goal. It stressed in the research collection of data carried out on elements and processes thought to be important to an articulated system. Every opportunity was taken to promote cooperation and coordination within groups and on an intergroup basis. Therefore, the model developed provided activities at all levels on both the vertical and horizontal dimension. These activities were designed to enhance what was viewed as positive influences in developing a total system and to reduce negative forces.

As would be expected, biases within the individual(s) and/or group(s) served as both facilitators and/or barriers to progress.6/ To the degree that project staff were able to deal with these personal and group biases, movement was made toward a total system.

Two cliches bear repeating at this point:

1. Change takes time; and
2. Mutual trust is essential in expediting change.

As individuals and groups within the state continue their efforts to join in the common cause of quality C.E. for the R.N., it is hoped that trust will increase and desired change occur more readily.

For:

-The R.N. in Florida wants appropriate C.E.;

-One approach to providing appropriate C.E. is:
    -unified efforts of professional, official and consumer groups at all levels;
    -identification of beliefs and goals held in common as a basis for action;
    -movement together toward goals held in common;
    -exploration within a research format of goals which are in conflict;
    -development of a cadre of prepared planners of C.E.;
    -hiring of qualified C.E. planners by both education and health delivery groups;
    -giving recognition in the form of tangible payoff to those who participate in C.E.;
    -continuously validating the effect of C.E. upon nurse performance and patient care.

To achieve these goals, funds are needed as well as input from a cross-disciplinary Advisory Group answerable to some individual and/or group having statewide authority.

The present F.R.M.P. #189B Advisory Committee could form the nucleus for such a group, responsible to the Governor and/or the Florida State Board of Nursing. The evolving Health Service Agencies could provide the funding mechanism at the state and regional level.

It is up to the reader to decide whether the action research documented in the chapters which follow form the basis for the findings, conclusions and recommendations made in this introductory chapter.

CHAPTER I

REFERENCES

1. Griffin, Winifred H.: A SYSTEM OF CONTINUING EDUCATION FOR THE REGISTERED NURSE IN FLORIDA. Orlando, Fla., Florida Nurses Association. Reprint 1975.

2. Archer, Sarah H.: "PERT: A Tool for Nurse Administrators". J.O.N.A., Sept.-Oct. 1974, pp. 26-32.

3. Lewin, Kurt: DYNAMIC THEORY OF PERSONALITY. New York, McGraw Hill Book Co., 1935.

4. Lewin, Kurt: FIELD THEORY IN SOCIAL SCIENCE. Edited by D. Cartwright, New York, Harper, 1951.

5. Jenkins, David H.: SOCIAL ENGINEERING IN EDUCATION CHANGE:An Outline of Method. Progressive Education, Vol. 26, May 1949, pp. 193-197.

6. Seiler, J.A.: A SYSTEMS APPROACH TO ORGANIZATIONAL BEHAVIOR. Homewood, Ill., Richard D. Irwin, 1967.

CHAPTER II

BACKGROUND TO THE STUDY

2.0 INTRODUCTION.

The activities outlined in this report grew out of involvement of two organizations in Florida concerned with the education and practice of registered nurses, i.e. the Florida Nurses Association and the Statewide Task Force, co-sponsored by the Florida State Board of Nursing. Both groups had engaged in actions designed to promote quality and quantity C.E. for the R.N. throughout the State.

Thus, when funds became available through the Florida Regional Medical Program, assistance was sought by the F.N.A. to conduct an analysis of the total situation as it related to the registered nurse. Funding was received for the period of February 1, 1974 through June 30, 1975.

2.1 F.R.M.P. #189B.

The project is divided into two phases. Phase A is a data collection period of five months (February 1, 1974 through June 30, 1974), titled "A Situational Analysis".[1] Phase B, a year in length (July 1, 1974 through June 30, 1975) is concerned with implementing recommendations from the Phase A report.

Systems theory forms the theoretical base for the project. Criteria for development of data collection instruments are drawn from: a) adult education; b) the role of the registered nurse at present and as projected; and c) demographic, cultural, and health factors unique to Florida.

During the project, a number of models, protocols and instruments have been developed. Among the models are: a career matrix of C.E. for the R.N.; an approach to data collection based on Systems Theory; a horizontal and vertical format for interrelating subsystems at the state, regional and local levels; and a C.E. consortium at a regional level.

Protocols developed included a flow chart for data collection, an approach to program review, a method for dealing with record keeping re: C.E. experience, and one for establishing a regional C.E. consortium.

Various data collecting instruments were also devised, tested and used in both phases of the project. Among these are: a) a "Perception of Learner Needs Instrument"; b) an Inventory of Educational Resources; c) structured interview forms to get at beliefs and involvement in C.E.

activity; d) guidelines for evaluating C.E. programs; e) instruments to measure immediate impact of C.E. programs; f) a profile of characteristics of individuals involved in C.E.; g) a self-evaluation form for use by program planners; and h) an activity analysis sheet for project staff. (See Appendix, Items 18&8 #189A and Items #1 and #2 this report).

2.2 SITUATIONAL ANALYSIS FINDINGS - F.R.M.P. #189A.

Findings from Phase A permit the following generalizations:

-Members of F.N.A., who formed the initial respondents to the learning needs inventory, strongly believe in C.E.

-Respondents are in agreement as to the priorities which govern program offerings.

-The programs currently being offered in the State are not sufficient to meet the needs identified.

-Over 50% of the programs are at the basic level; are of very short duration (1 - 2 hours); have a minimum nursing input; do not reflect in content the unique problems of Floridians; are didactic in nature; are sponsored, for the most part, by hospitals as inservice education; and have been subjected to a minimum amount of evaluation as to impact on performance.

-Adequate educational facilities are available to support a statewide system of C.E., but there are great limitations as to prepared faculty and appropriate learning media.

-Official, professional and voluntary health organizations believe in C.E. as one means of improving the quality of patient care, but incentives offered for participation in C.E. are limited.

-Lack of coordination and cooperation in planning C.E. programs has led to boundary fighting, duplication of effort, and gaps and deficiencies in program offerings.

-Many types of individuals and groups within the State are working together to meet learner and service needs re: C.E. bringing these groups together in an organized manner would facilitate a statewide network.

2.3 MAKING THE SYSTEM WORK - F.R.M.P. #189B.

Upon completion of the "Situational Analysis", Phase B, devoted to implementing recommendations, was begun. Corey's Theory of Action

Research[2] forms the basis for this aspect of the project.

In his writing, Corey cites three options for improving practice in education. These are:

1. Making changes on the basis of subjective impressions of what problems exist. This leads to forming judgments about the consequences without undertaking testing which will give valid evidence.

2. Employing a consultant to study and recommend change. Here, two problems arise: a) the consultant has difficulty in identifying all facets of the situation; and b) it is difficult to bring about needed modification in the behaviors of those involved.

3. Involving individuals in identification and solution of their own problems, using research methodologies. Here, data are collected to define the problem more clearly. Inferences are then made on the basis of the data. Action hypotheses are established which can be carried out in the day-to-day situation. The testing of these as part of the job provides a potential for easing daily stress. Generalizations, based on findings, can then be made in order that future problems may be more readily solved and future dificulties avoided.[3]

It is this last option which Corey recommends, and it is this option which Phase B followed.

Since the development of a system of C.E. for the R.N. involved many people, and the activities to be undertaken would affect many, the project sought to involve individuals representing many vested interests - in essence then, what is described in the following chapters is "Cooperative Action Research".

However, as Corey points out, one of the excellent incidental effects, if conducting action research, is that the people involved come to some disturbing conclusions about their tendency to generalize without evidence.

It is in relation to this effect that the project staff experienced the most frustration. None the less, the operational objectives for Phase B were carried out, albeit not always to the depth one might have desired.

CHAPTER II

REFERENCES

1. Griffin, Winifred H. A SYSTEM OF CONTINUING EDUCATION FOR THE REGISTERED NURSE IN FLORIDA. Orlando, Fla., F.N.A., Reprint 1975.

2. Corey, Stephen M. ACTION RESEARCH TO IMPROVE SCHOOL PRACTICES. New York, Teachers College, Columbia University, 1953.

3. Ibid. pp. 141-146.

CHAPTER III

OPERATIONAL OBJECTIVES AND ACTIVITIES TO BE CARRIED OUT

3.0 OPERATIONAL OBJECTIVES.

1. To increase communication and cooperative planning in decision-making between the official and professional leaders involved in health delivery and C.E. of registered nurses at the state, regional and local levels.

2. To replicate the study on "Perception of Learner Needs" conducted during F.R.M.P. #189A on a stratified random sample of nurses drawn from the registered nurse population in Florida.

3. To develop guidelines for identification of advanced nursing content in the five areas of nursing practice, and applied to program review.

4. To plan programs with and for C.E. program planners based on findings of learner needs and advanced guidelines.

5. To study and recommend a mechanism for recording C.E. units earned by nurses.

6. To explore the role of the State Board of Nursing in continuing education for nurses.

7. To develop and test a regional model system of continuing education for nurses.

8. To conduct five (5) regional feedback conferences related to the model system of continuing education for nurses. 1/

3.1 ACTIVITIES TO BE CARRIED OUT AS LISTED IN CONTRACT.

During the period, July 1, 1974 to September 30, 1974:

1. Designate a project coordinator and employ project staff.
2. Designate and convene the F.N.A. Board of Directors to serve as a Steering Committee to the project. (The meeting to be outside the regular function of the Board.) The function of this group will be to review the entire project, recommend individuals to serve on the Advisory Committee, and consider other aspects for advancing the activities of the project.
3. Designate and convene an Advisory Committee, composed of representatives from the F.N.A., Florida State Board of Nursing, the Florida Hospital Association, the Florida Nursing Home Association, the Florida Department of Health and Rehabilitative Services,

the Florida Department of Education, including representatives from the Continuation Education (C.E.) Divisions of the State's University and Junior College System, the Adult Education/Vocational/Technical Division, special interest nursing groups, and other appropriate agencies or organizations. This group will be limited to twenty (20) individuals and will have the responsibility of reviewing the findings from F.R.M.P. #189, establishing a protocol for articulating the parts of the system and taking action to recommend policies and procedures to effect a functioning system by June 1975.

4. Develop five (5) one-day conferences designed for program planners to be conducted in geographic regions of the State. The topic will be "The Mechanics of Designing Appropriate CE Programs for the Registered Nurse in Florida".

5. Conduct one (1) conference described in #4 above.

6. Replicate study "Perception of Learner Needs", F.R.M.P. #189A, based on a sample of the total registered nurse population in Florida, to see to what degree congruence exists.

7. Initiate the development of a transcript mechanism model to study and recommend a vehicle for recording C.E. units carried by nurses.

8. Hold a meeting with the State Board of Nursing to explore its role in C.E.

9. Designate one region for developing a model system of continuing education, adapting the protocol as designed under Phase A of Contract #189A. 2/

During the period of October 1, 1974 to December 31, 1974:

1. Conduct the four (4) remaining conferences, described in #4 above, in four (4) regions designated by the Steering Committee.

2. Continue monthly meetings with the State Board of Nursing to explore its role in C.E.

3. Designate and convene an Expert Study Group (ten expert Nurse Clinicians) to review advanced content guidelines, established under previous F.R.M.P. Agreement #189A, and develop a model for data collection to be utilized by this project.

4. Develop a checklist for use by program reviewers in the project's data collection phase.

5. Continue the development of the transcript mechanism model.

6. Present the design and findings of the project at the F.N.A.-sponsored Clinical Conference in Clearwater.

7. Present the design and findings of the project to the American Nurses Association Council on C.E. in Milwaukee, Wisconsin.

8. Begin data collection for program, as noted in Items 3 and 4.

9. Initiate and convene a regional consortium to activate the model system, 3/

During the period of January 1, 1975 to March 31, 1975:

1. Continue monthly meetings with the State Board of Nursing for exploration of its role in C.E.

2. Complete study of the transcript mechanism model.

3. Continue development of the regional model system of C.E. for nurses.

4. Present the design and findings of Project #189 at the American Nurses Association Regional Meeting on Continued Education in Atlanta, Georgia. 4/

During the period of April 1, 1975 to June 30, 1975:

1. Review, summarize and report on progress of regional model system of C.E. for nurses at five (5) regional feedback conferences.

2. Hold final meetings with the State Board of Nursing for exploration of its role in C.E.

3. Complete a self-evaluation of the project by the project staff.

4. Hold final meeting of the Advsiory Committee.

5. Hold final meeting of the Steering Committee.

6. Prepare a final report of the project with overall findings and recommendations. 5/

The efforts undertaken to improve communication and cooperation in decision-making are described in Chapter IV.

CHAPTER III

REFERENCES

1/ FRMP #189B Contract, Schedule 1, p. 3, Item 8.0

2/ Ibid. Schedule 1, p.3, Item 7.0

3/ Ibid. Schedule 2, p. 4, Item 1.9

4/ Ibid. Schedule 2, p. 4, Item 2.7

CHAPTER IV

IMPROVING COMMUNICATION AND COOPERATION RE: DECISION-MAKING

4.0 INTRODUCTION.

Communication, cooperation and decision-making are all vital processes needed in a social system. The subsystems must be kept informed if the mechanism is to operate effectively.

Consequently, the first objective for F.R.M.P. #189B focused on developing means for improving communication and cooperation among official and professional individuals and groups in order that appropriate data, needed for decision-making, could be made available on a statewide basis.

Since the original model for the system[1] had included input from power groups, it was necessary to identify, at each level, people who:

- -Represented the power structure;
- -Were committed to C.E. for the R.N.;
- -Held jobs which directly or indirectly involved C.E. activity;
- -Were recipients of C.E.

This was accomplished by obtaining expert judgment about individuals who met these criteria and by examination of membership lists of official and professional groups within the State.

Once these individuals had been identified, a variety of encounter situations were used to foster communication and cooperation. These included meetings, conferences, face-to-face interviews, written and telephone communication, taping and television. The scope of the individuals contacted, the results of the encounters, and the recommendations for furthering communication, cooperation and decision-making follow.

4.1 DEVELOPMENT OF A FORMAT FOR MEASURING QUANTITY AND QUALITY OF COMMUNICATION, COOPERATION AND DECISION-MAKING.

The rationale for a format for measuring quantity and quality of these three processes grew out of the Kellogg approach to documentation.* In essence, running records of all types of communication are kept in which the problem-solving method is used, i.e. identification of problems and sub-problems, collection and validation of data, development of alternate solutions, testing the most feasible solutions, obtaining evaluative feedback. This documentation, when shared with those involved in a change process action, can provide a base for measuring actions taken toward specific goals.

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*The Project Coordinator has been indoctrinated into this method over a period of six years while working with the Nurse Consultant to the Bingham-Kellogg Project in Boston, Mass.

Adapting this technique to F.R.M.P. #189B involved using the following steps whenever a communication was undertaken:

- -Statement of the purpose or objectives of the meeting;
- -Suggested agenda;
- -Preparation and distribution ahead of time of data needed for decision-making;
- -Use of methods which encouraged participation of those involved in meeting;
- -Recording interaction by minutes, tape, and/or validation "post" meeting of what had occurred;
- -Written summary of meeting;
- -Correction of perceptions of meeting by those involved;
- -Distribution of summary to key individuals and/or groups.

Figure 1 indicates the extent to which this technique was carried out in order to foster communication and cooperation for decision-making re: C.E. in the State.

Using the method described above, the activities undertaken follow.

4.2 AT THE STATE LEVEL.

The F.N.A. Board of Directors served as a Steering Committee to the project.

The F.N.A. Executive Director served as reactor to project activities.

An Advisory Committee was established which represented key decision-makers from power groups at the State level who could influence policy and procedures re: C.E. for the R.N.

The F.N.A. Committee on Nursing Education received the project staff recommendations for revision of the program recognition protocol and transcript record keeping.

The Florida State Board of Nursing received regular reports via the Consultant and written reports plus verbal reports from the Project Coordinator, and met to consider Consultant's role in C.E.

The Florida Department of Education, through Commissioner Ralph Turlington and Dr. Thomas Strickland, became the umbrella for the Regional Consortium model. The nurse consultants to the Department met with the Project Coordinator to explore how they might use their roles to further a statewide system of C.E.

The Project Coordinator served on the Advisory Committee to F.R.M.P. #269 - a project designed to establish a statewide audiovisual library at the Florida Hospital Association. This was a natural follow-thru to the data collected on educational resources in Phase A of this project.

FIGURE I

COMMUNICATION RECORD RE: CONTACT WITH INDIVIDUAL AND/OR GROUPS WITHIN THE STATE RE: PROJECT

Individual and/or Groups	Level	Title	Purpose of Communication
M. J. Finnin	State	Executive Director, F.N.A.	Progress Reports; Resolution of Problems of Control, Direction of Financing of Project.
Board of Directors, F.N.A.	"		"
Committee on Nursing Education, F.N.A.	"		"
Fla. State Board of Nursing	"		"
M. Claussen, F.R.M.P. Staff	"	Program Representative	Progress of Project
S. Moutsatos, F.R.M.P. Staff	"	Director	Clarify Membership in Consortium
Advisory Committee	"		Progress Report
O. J. Keller	"	Secty, Dept. of Health & Rehab. Services	Consortium Umbrella
Ralph Turlington, Dept. of Education	"	Commissioner	"
Dr. Thos. Strickland, Dept. of Education	"	Administrator	"
J. Moorhead, Fla. State Bd. of Nursing	"	C.E. Consultant	Bole in CE Within State Board

The F.R.M.P. staff counseled regularly with the Project Coordinator and provided data and resources, with particular help in developing the consortium model.

4.3 AT THE REGIONAL LEVEL.

Meetings were held with regional directors to clarify the project and encourage support.

Meetings were held with Task Force groups to share data, to assist in program planning and to reinforce cooperation.

Conferences with Deans and Directors of Schools of Nursing were held for the purpose of encouraging greater commitment to C.E. and to greater extension of faculty as resource persons.

4.4 AT THE LOCAL LEVEL.

The Project Coordinator met with selected F.N.A. districts to share findings, progress and coming activities.

Meetings with selected Directors of Nursing Services and Inservice Directors, at their request, were held to discuss cooperative program planning.

Some conferences were held with leaders in Nursing Homes about ways of advancing C.E. for nurses in this area.

4.5 FEEDBACK ACTIONS SUPPORTING COOPERATION, COORDINATION AND DECISION-MAKING.

Feedback, giving evidence of increased cooperation, coordination and use of hard data for decision-making, are available in progress reports, in documents submitted voluntarily to the project office, and in documented conferences.

At the State level:

-The F.N.A. Committee on Nursing Education has prepared a revision of its present protocol on recognition of C.E. programs and on record keeping.

-Recommendations by the nurse consultants to the Florida State Board of Nursing and the Department of Education have been prepared and channeled.

-The Florida State Board of Nursing is already well into the study of a mechanism to develop C.E. standards, policies and procedures in anticipation of a mandatory requirement for relicensure.

-While no statewide mechanism exists within the various departments of the State, either vertically or horizontally re: C.E. for the R.N. nurses are taking action to request regular meetings within departments for discussion of their roles, C.E. is one topic which has been given consideration.

-The development of dedicated telephone lines for use in C.E. is being advanced by a proposal from the Division of Allied Health at the University of Florida at Gainesville, which proposal is to include two hundred (200) outlets.

At the regional level:

-There has been an increase in the number of Task Forces developed. (See Appendix, Item #16).

-There has been an increase in the number of C.E. programs co-sponsored.

-A Regional C.E. Consortium has been developed.

-Names and addresses of nurses licensed within a region have been used as a basis for learning needs survey and dissemination of information about C.E.

-Lists of F.N.A. members having Masters or above degrees and those who attended the "How-To" conferences are being used regionally to locate resource persons.

At the local level:

-Local Task Forces and Inservice Directors in several settings have used data available in F.R.M.P. #189A for planning programs. Both the Learning Needs Inventory and the Educational Resources Inventory have been used in local situations.

-Long range planning of C.E. programs in sequential units has occurred. (See Appendix, Item #10).

One major problem concerning dissemination of information about C.E. programs on a statewide basis still continues. The problem was documented in F.R.M.P. #189A1/ . During the present project, inserts, paid for by the project, about the project were included in the official organ of the F.N.A. - The Florida Nurse. The cost of these, if used as a mechanism monthly, would be about $4,000 per year. If the four page insert were used for announcement of programs given recognition by F.N.A. only, about eighty-eight (88) programs could be included monthly. Given the fact that about one hundred fifty (150) programs a month are currently being reviewed, it would require, for publication purposes along, about $8,000 for distribution of information about C.E. to F.N.A. members only (currently about 5,000 members).

Since there are many programs offered which do not seek F.N.A. recognition and since the distribution of The Florida Nurse is restricted, this would not seem to be a reasonable approach to dissemination of information about C.E. for the R.N. at the state level. Regional and local groups have developed their own methods of publicizing offerings to a specific area with good results. The methods used include T.V., radio, newspaper ads, bulletins, posters, notices in strategic places, etc. The question of what should be disseminated and how still remains to be solved.

4.6 FINDINGS AND RECOMMENDATIONS.

The R.N. in Florida, whether or not a member of the professional organization, wants and needs appropriate C.E.

Leaders in nursing and in allied health and education groups recognize this need and are involved in various degrees in attempts to provide appropriate C.E.

There is a lack of clarity about the role and degree of involvement of the following in advancing C.E. for the R.N.:

Florida Nurses Association
Florida State Board of Nursing
Department of Education (Colleges; Universities)
Department of Health & Rehabilitative Services
Department of Commerce
Florida Hospital Association
Florida Nursing Home Association
Voluntary Health Groups
Statewide Task Force
Regional Task Forces/Consortia
Local Task Forces/Consortia
F.N.A. District Associations
Hospital and Nursing Home Inservice Educators.

Official agencies carry status, by law, for involvement in C.E. Professional and voluntary groups have limited status due to vested in terests.

Statutory regulations give power to official agencies, but a variety of factors dilute this power: internal dissension, constituent pressures, lack of adequate financing.

Professional organizations, because of vested interests, restricted membership and limited financial resources, hold varying degrees of power.

Regional and subregional groups, which cut across both official and professional organizations when they direct their efforts to C.E. for the R.N. and do not expand activities to cover all health groups, are able to exert power at these levels.

Present mechanisms for reaching goals of adequate C.E. for the R.N. tend to be met as need arises without long range planning, either vertically or horizontally, within or among groups involved.

Programs frequently are duplicated without coordination, using the same expensive resource persons, e.g. Dr. Kubler-Ross, nationally know authority on death and dying.

Present communication channels for encouraging cooperation and coordination tend to be limited, both vertically and horizontally, and reflect clustering of groups with similar interests.

Dissemination, concerning all C.E. offered throughout the state, is not coordinated although house organs are available. Available house organs are limited in scope, restricted in circulation, and costly to produce.

There is an increased availability of data about the learner and the C.E. needs and resources.

Data bases have not been commonly agreed upon; hence, decision-making requires manipulation of information upon which no agreement has been reached, e.g. definition of C.E., what constitutes a C.E. unit, what is basic or advanced content, how many programs attended by how many people as a group or individually.

Data, which are available, are not easily accessible. Data from learners re: their needs are increasingly being used in planning programs.

Decision mechanism is moving in some groups toward consensus by employer demands in acute care institutions, tend to preset program content.

There is continued evidence of increased boundary fighting among groups offering C.E. for the R.N. No unifying structure, which provides a relatively neutral territory, is available to resolve the conflicts among the groups.

Two official agencies have openly disclosed responsibility for supporting a statewide system of C.E. for the R.N. These are the Florida State Board of Nursing and the Department of Education - Technical and Health Occupations Education.

All professional groups endorse a statewide concept, but are not in agreement as to who should have authority for articulating the system.

No sanctioned mechanism for a system is presently evident.

4.7 OPTIONAL MODEL FOR A STATEWIDE SYSTEM

What form should a statewide system which has authority to advance C.E. for R.N. take?

Four possible options were developed and are presented on the following pages. In each option the levels within the State are noted, with the strengths and weaknesses of the option presented.

One begins by asking the question - What if we go on - as is? The parts of the system are certainly better than nothing. However, lack of coordination both horizontally and vertically limit effective planning and action.

Of the other options, that establishing the chain of command to the State Board of Nursing now becomes the model of choice because of the mandate in the new Nurse Practice Act.

4.8 RECOMMENDATIONS.

The various options outlined in above report should be used as a basis for arriving at consensus for authority re: a statewide system.

Representatives of all concerned groups should be convened to consider establishment of an authority acceptable to all.

Membership, at all levels, should focus on all groups concerned with C.E., and leadership be rotating in nature so that no special interest group controls short and/or long range goals.

FIGURE 2

OPTION I
Present Situation

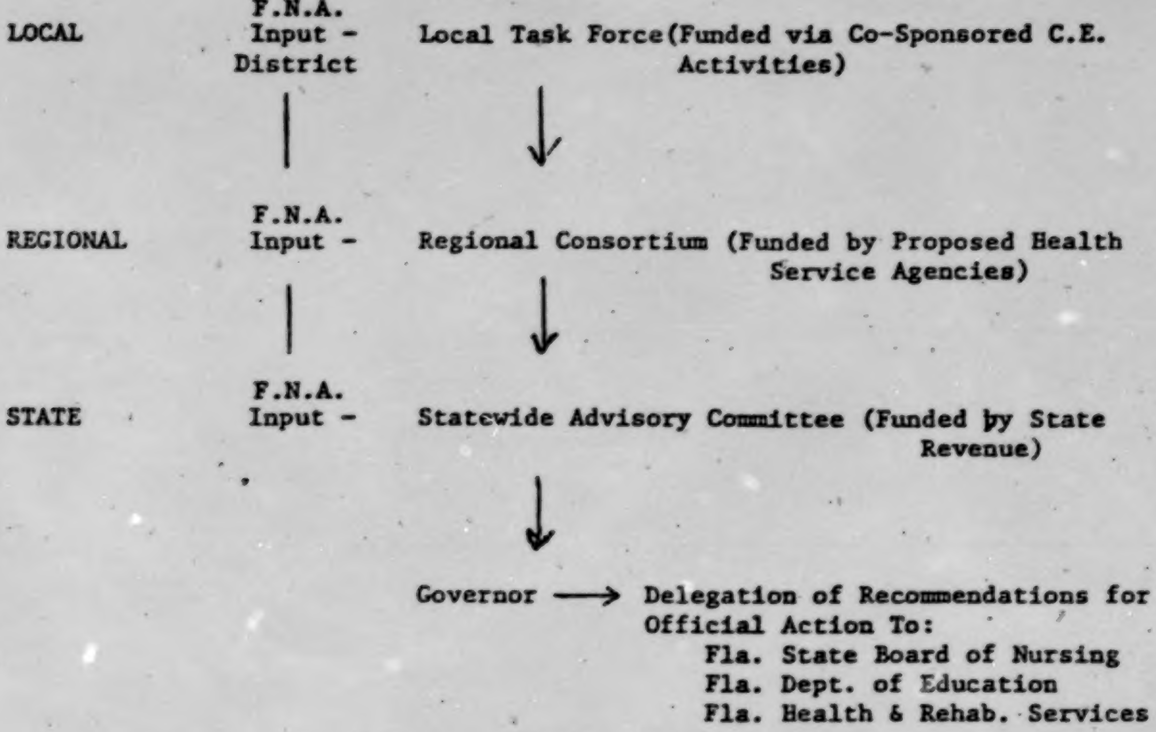
	F.N.A.	F.H.A.	F.N.H.A.	F.M.A.
LOCAL	Districts	Informal Groups	None	Local Groups
REGIONAL	5 Directors	Consortium (So. Fla. Hosp. Assoc.)	Regional	County Medical Societies
STATE	Formal Structure	Formal Structure	Formal Structure	Formal Structure

	Dept. of Education	D.H.R.S.	Fla. State Board of Nursing	Task Force
LOCAL	Local Schools			Local Task Force
REGIONAL	Colleges & Universities not coordinated	Proposed regional offices; County offices;	Regional Consultants	? Consortium
STATE	Dept. of Education Regents Office	Formal Structure	Board Consultant in Education	Statewide Task Force

Strengths:	All concerned with continuing education. All have some type of mechanism at local, regional and state, with two exceptions (Task Force Group has no regional breakdown; State Board has no local setup.), for coordination and cooperation within groups.
Weaknesses:	Coordination and cooperation on an intergroup basis vary both horizontally and vertically. No arena available for boundary fighting across lines. F.N.A. funds are not available to support regional activities.

FIGURE 3

OPTION II



LOCAL F.N.A. Input - District Local Task Force(Funded via Co-Sponsored C.E. Activities)

REGIONAL F.N.A. Input - Regional Consortium (Funded by Proposed Health Service Agencies)

STATE F.N.A. Input - Statewide Advisory Committee (Funded by State Revenue)

Governor ⟶ Delegation of Recommendations for Official Action To:
Fla. State Board of Nursing
Fla. Dept. of Education
Fla. Health & Rehab. Services

Strengths: Local Task Forces exist and are operating successfully.

Weaknesses: Would Health Service Agencies fund consortia?
Would legislature fund statewide Advisory Committee?
Would Governor be receptive?

FIGURE 4

OPTION III

LOCAL	F.N.A. Input - District	Local Task Force (Action Group)	- (Funded via Co-sponsored C.E. Activities)
		↓	
REGIONAL	F.N.A. Input -	Regional Consortium (Action Group)	- (Funded by Proposed Health Service Agenci
		↓	
STATE	F.N.A. Input -	Statewide Advisory Committee (Research; (Study; (Recomm. Group)	- (Funded by State Board of Nurs Trust Fund)

↓

Fla. State Board of Nursing

⟨Coordinating Council⟩

Official Action

Department of Education
Dept. of Health & Rehab. Services
Fla. State Board of Nursing

Strengths: As Above, but Fla. State Board of Nursing already is involved officially and probably will be shortly.

Weaknesses: Could trust funds be released for Advisory Committee activity?

FIGURE 5

OPTION IV

Same as Option III, but with Department of Education responsible for system.

Strengths: Support of Department already evident via Mr. Turlington through Dr. Strickland.

Support at regional level in process of being demonstrated.

Weaknesses: Lack of coordination among Department and Regent's office and among Colleges and Universities at regional level.

These are possible options.

The Task Force at the local level and the C.E. consortium at the regional level appear to be viable units of a total system, and should be promoted.

Ad hoc or standing committees at each level, representing input from all types of R.N.s and all types of employers plus consumers, should be established.

Such committees should be concerned with collection of hard data for decision-making, for developing, offering and evaluating C.E. programs, for setting short and long range goals, for presenting needs (personnel, resources, facilities, finances) to appropriate official bodies for action. Of particular need is a committee to study, in depth, the advisability of disseminating C.E. information at each level and developing a mechanism to do this.

An acceptable method for dealing with boundary fighting should be developed to minimize manipulation and to expedite coordination.

CHAPTER IV

REFERENCES

1/ Griffin, Winifred H. A SYSTEM OF CONTINUING EDUCATION IN NURSING. A SITUATIONAL ANALYSIS. Orlando, Fla., F.N.A. 1975 Reprint p. 12

2/ Ibid. p. 44

CHAPTER V

CAN THE PROFESSIONAL ORGANIZATION SPEAK FOR THE NON-MEMBER

5.1 INTRODUCTION.

Program planners frequently experience difficulty in trying to decide upon what basis to offer C.E. programs. Should they use their own perceptions of learner's needs or look at how the learner sees his own needs. Adult education stresses the latter. It was to provide a base for identification of self-perceived learner needs that a study of continuing education needs, as perceived by a stratified random sample of Florida Nurses Association members*, was undertaken in the Spring of 1975.

While the findings have been helpful to program planners, the question has been raised as to whether the results could be generalized to the nurse population at large in Florida. The extension of the original project permitted replication of the original study on a sample of the general population.

This chapter discusses the approach to the study, the methodology used, the findings, conclusions and recommendations.

5.2 THE PROBLEM IDENTIFIED.

Two aspects of the problem were identified:

A. The need to determine job associated C.E. needs of nurses in general and to consider whether the needs, so identified, could form a valid basis for planning programs.

B. The need to determine whether the C.E. learner needs, as perceived by F.N.A. members, were representative of the R.N. general population and could thus form the basis for valid program planning.

5.3 METHODOLOGY.

The instrument developed in Phase I, F.R.M.P. #189A (Appendix, Item #4) was used without modification in the study.

5.3.1 The Sampling Plan.

A proportionate random sample of 5,000 nurses was drawn

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*Use of a sample based upon general population was not possible during Phase A since desired data were not in retrievable form at that time.

5.3.1 (Cont'd) from a list of professional registered nurses practicing in Florida, purchased from the Department of Occupational and Professional Registration. The list included 38,687 names classified by county, which were then reclassified into F.N.A. regions. Entry to the list was achieved by selecting a random number and then choosing every 11th name. As mentioned previously, the sample was divided into the five F.N.A. regions and names drawn such that proportionality, according to region, was maintained. The sampling procedure yielded the following figures:

Region	Respondents Sought	% of Sample
I	1,785	35.70
II	1,367	27.35
III	839	16.79
IV	680	13.59
V	329	6.57
Total:	5,000	100.00

This method of sampling was used to maintain a continuity between Study One and the study being undertaken. This continuity presents a better basis for comparison between the F.N.A. nurses and the nurses participating in the second study.

The questionnaire was mailed on October 17, 1974. Responses, as of November 17, 1974, totaled 1,436. Of the 5,000 questionnaires sent out, 105 were returned as undelivered mail. This left an effective sample size of 4,895 and an effective response rate of 29.33%.

Actual responses by region are compared with the intended sample size for each region which are shown below.

	Questionnaires Mailed		Responses Received	
Region	Absolute	%	Absolute	%
I	1,785	35.70	496	34.5
II	1,367	27.35	432	30.1
III	839	16.79	241	16.8
IV	680	13.59	186	13.0
V	329	6.57	81	5.6
	5,000	100.0	1,436	100.0

The following three charts classify the actual respondents into their various nursing positions, areas of practice, and place of employment.

Nursing Position

Nursing Position	Absolute	%
Administrators/Administrative Assistant	60	4.3
Supervisor/Supervisory Assistant	129	9.1
Head Nurse/Assistant	254	18.0
General Duty/Staff	485	34.4
Consultant	14	1.0
Instructor	61	4.3
Nonactive Nurse	154	10.9
Other	249	17.7
Total:	1,436	100.0

Area of Practice

Area of Practice	Absolute	%
Community Health	111	8.1
General Practice	117	8.6
Geriatric	115	8.4
Gynecologic/Obstetric	100	7.3
Medical/Surgical	462	33.8
Pediatric/Maternal Health	77	5.6
Psychiatric/Mental Health	68	5.0
Other	307	22.4
Total:	1,436	100.0

Place of Employment

Place of Employment	Absolute	%
Hospital	778	58.2
Nursing Home	79	5.9
School of Nursing	24	1.8
Private Duty	75	5.6
Public Health (Except School Nurse)	84	6.3
School Nurse	21	1.6
Industry	24	1.8
Office Nurse (Physician/Dentist)	94	7.0
Other	157	11.7
Total:	1,436	100.0

Because this sample was drawn from the universe of professional registered nurses practicing in Florida, it was not possible to delete nurses who were members of the Florida Nurses Association. Therefore, an additional computer run was effected which showed that the sample had included 225 F.N.A. members, or approximately 15.66% of the sample.

5.3.2 The Agreement Index.

The same rationale for use of a weighted agreement index in interpreting data, as offered in Phase A, was advanced for this study.

In essence, the weighted index avoids two pitfalls in the analysis of scaled data which are pooled: A) the fact that percentages are unstable indicators when the sample size is less than 100, and B) the problem of ignoring the neither category which implicitly assumes all answers not in the agreement catagory are disagrees. The weighted index takes into consideration all of the data and facilitates comparisons between groups and scaled items. The effect of using the agreement index is to reduce the effects of chance variation and to make a scaled item prove itself.

5.4 JOB ASSOCIATED C.E. NEEDS.

Two areas of response were sought in relation to job associated C. E. needs. The first was the strength of demand by R.N.s in general population for C.E.; the second focused on specific learning needs by position.

5.4.1 Demand for C.E.

The responses to the question, "Do you, as a nurse, feel the need for continuing education within your area of practice?", are shown below. They indicate this question was answered overwhelmingly in the affirmative.

Need For Continuing Education Within Area Of Practice

Response	Absolute Frequency	Relative Frequency
Yes	1,330	94.1
No	61	4.3
No Opinion	21	1.6
Total:	1,412	100.0

Not only does the above show a strong demand for continuing education, but it also suggests, as was true of F.N.A. members, that the implementation of continuing education programs would receive wide acceptance.

Do nurses have continuing education needs within other areas of practice? For example, the nurse who is seeking qualification in other fields of nursing or the nurse who wishes to increase her scope of practice to fit her particular job may need continuing education. For these reasons, continuing education within other areas of practice may also be strong. Noted below is the need for continuing education in other areas of practice.

Need For Continuing Education Within Other Areas of Practice

Response	Absolute Frequency	Relative Frequency
Yes	1,261	89.5
No	90	6.4
No Opinion	55	4.1
Total:	1,406	100.0

As the above shows, the need for continuing education within other areas of practice is not as strong as the need for continuing education within a nurse's particular area of practice. However, it is of a magnitude that cannot be ignored. Need for continuing education is not limited solely to a particular nurse's area of practice. Apparently the need for continuing education traverses all areas of practice, and again, reference to the above two lists suggests that implementation of continuing education programs would enjoy high acceptability.

5.4.2 Job Related Learning Needs.

Before a discussion of the learning needs, broken down by the various nursing positions, can ensue, the different means of analysis used in the study must be explained. The first method is illustrated in Figure 6. These figures represent the mean responses to each learning need as designated by each subsample compared to the balance of the sample of respondents. This visually isolates the particular learning needs that each subsample considers the most needed or important. The question then arises as to whether the differences between each subsample mean and the sample mean are statistically significant. In order to test for significance, it is necessary to establish a number of hypotheses, each pertaining to a specific learning need. The hypotheses that correspond to the particular learning needs in each breakdown are denoted as minor hypotheses and symbolically appear as the following example:

Minor HO_{06} Admin.

where:

Minor HO designates that the hypothesis is a minor one,
06 - refers to the variable being tested (in this case, variable 6),
Admin. - the particular response of the group of nurses being compared against the total sample evaluation by that group.

Accordingly, there are thirty (30) minor hypotheses for each group being tested. For example, the following hypotheses were developed for two of the thirty (30) comparisons in the nursing position breakdown.

Minor HO_{06} Admin.: There is no significant difference between administrators/administrative assistance and the rest of the sample's evaluation of the importance or need for learning more about the role of the nurse consultant in the clinical setting.

Minor HO_{35} Admin.: There is no significant difference between administrators/administrative assistants and the rest of the sample's evaluation of the importance or needs for learning more about breaking down communication barriers.

Similar minor hypotheses were developed for each category in the following breakdowns:

1. Nursing Position
2. Area of Practice
3. Place of Employment
4. Region of Practice.

Each minor hypothesis was tested, using the standard t test at the .05 level of significance.

In addition, for each category in the above named breakdowns, a major hypothesis was established. Again using administrators/administrative assistants as an example, a typical major hypothesis would appear as follows:

Major $HO_{Admin.}$

where:

Major HO designates that the hypothesis is a major one,
Admin. - the group of nurses being compared against
the total sample evaluation by that group.

Accordingly, there are seven major hypotheses in the nursing position breakdown, seven in the area of practice breakdown, eight in the place of employment breakdown, and five in the regional breakdown. For example, the following major hypothesis was developed for the administrators/administrative assistant group in the first breakdown:

> Major HO$_{\text{Admin.}}$: There is no significant difference between administrators/administrative assistants and the rest of the sample's evaluation of the learning needs.

For each position, area of practice, place of employment and region, thirty (30) comparisons were made. Statistical theory indicates that under these conditions, 5% or 1.5 comparisons would result in significant differences by chance alone. To determine whether or not nurses in all breakdowns agreed on their evaluations of learning needs, it was necessary to obtain the number of differences which would occur beyond the .05 level of probability. Utilizing the binomial theorem, it was determined that the cumulative probability of obtaining three or fewer significant differences was .94. Thus, if nurses in a particular breakdown and the rest of the sample disagreed in their evaluations of three or less learning needs, the respective major hypothesis would have been accepted. Four or more disagreements would have resulted in rejection of the major hypothesis.

The second method of analysis is found in Table I. In the left-hand column of the table are the different learning needs in an abbreviated form. A code number precedes the abbreviated learning need which is keyed into a list which appears on the pages immediately following. This allows the reader to more fully understand the learning needs. Directly to the right of the learning need is a column headed, "% Agreeing As To Importance Or Need". This is the percentage of respondents that have answered either strongly agree or agree to that particular learning need. The agreement index is so constructed to permit the ranking of learning needs as to importance or need. The agreement index will form the basis of analysis as to the importance or need of each learning need.

TABLE I

EVALUATION OF IMPORTANCE OF LEARNING NEEDS BY ADMINISTRATORS AND ADMINISTRATIVE ASSISTANTS

Learning Need	% Agreeing As To Importance Or Need	Agreement Index
11 Legislative Involvement	94.9	4.4500
08 Changing the System	96.5	4.4138
07 Change of Care	96.6	4.3367
17 Dependency	98.3	4.3000
16 Pharmacology	96.7	4.2623
28 Testing Ideas	91.7	4.2295
35 Communication	86.7	4.1803
06 Nurse Consultant	86.0	4.1750
19 Nurse Practitioner	86.7	4.1148
10 Prevention of Illness	86.7	4.0820
20 Community Health Problems	86.2	4.0508
12 Nursing Process	84.7	4.0500
25 Working in Other Fields	83.1	4.0500
09 Rehabilitation	89.5	4.0345
31 Planning, Etc. Work	88.0	4.0167
23 Institutional Objectives	78.3	3.9508
22 Medical/Nursing Research	84.5	3.9500
32 Life Crisis	75.0	3.9344
33 Sociocultural Patterns	78.0	3.8833
14 Communicable Disease	87.9	3.8644
34 New Environments	75.4	3.8448
21 Inherited Disabilities	77.4	3.8182
24 Human Abuse	74.1	3.8136
15 Theories of Treatment	76.8	3.7895
30 Patient Planning	73.3	3.7869
13 Anatomy/Physiology	74.6	3.7833
26 Cooperation	71.2	3.7500
29 Therapy	61.0	3.6500
18 Conception	59.3	3.4545
27 Needs of Retardate	55.2	3.3390

Sample Size - 60.

5.4.3 Findings.

A. By Position.
Data were first analyzed by positions held:

1. Administrator or Administrative Assistant
2. Supervisor or Supervisory Assistant
3. Head Nurse or Assistant
4. General Duty or Staff
5. Consultant
6. Instructor
7. Non-active Nurse

Figure 5 presents a composite of the findings of the comparison of agreement between position and balance of sample. The items in which significant differences were found have an asterisk.

Since the criterion for rejection of the major hypothesis between a position and the rest of the sample's evaluation of learning needs is rejection of four or more minor hypotheses, one can see that perceptions of head nurses, consultants, instructors and inactive nurses can form an effective alternate by which continuing education courses may be offered to nurses practicing in Florida.

One then can rank the learning needs by importance, using the first and last five learning needs expressed by each position. If this approach is used, certain concepts appear to be given high or low priority by the subgroups. Figures 6 and 7 show this commonality.

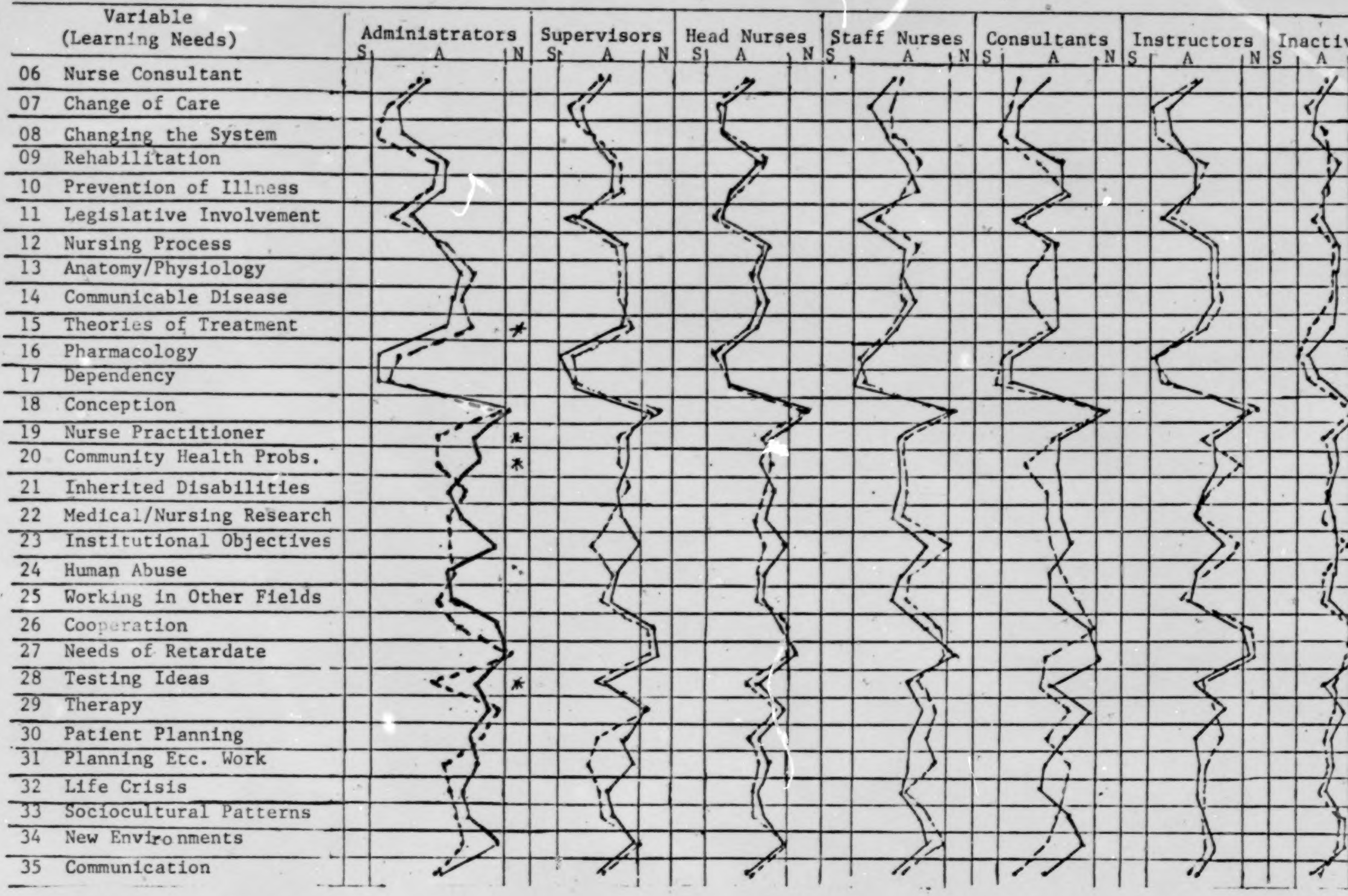
One could safely offer to develop programs on pharmacology, patterns of dependency, on trends expected to change the delivery of patient care, and how to function as a change agent if one is considering only positions held by those who would attend.

B. By Area of Practice.
Data were then analyzed by area of practice:

-Community Health
-General Practice
-Geriatric
-Gynecologic/Obstetric
-Medical/Surgical
-Pediatric/Maternal Health
-Psychiatric/Mental Health

FIGURE 5

COMPOSITE COMPARISON OF AGREEMENT BY POSITION AND BALANCE OF SAMPLE WITH INDICATIONS OF SIGNIFICANT VARIABLES



LEGEND: ——— Balance of Sample *Significant at .05 level

FIGURE 6

LEARNING NEEDS GIVEN TOP 5 PRIORITY BY RESPONDENT'S POSITION

Variable	Admins.	Supervisor	Head Nurse	Staff Nurse	Consultant	Instructor	Inactive
Changing Patterns of Patient Care	X	X	X	X	X	X	X
Dependency	X	X	X	X	X	X	X
Pharmacology	X	X	X	X	X	X	X
Legislative Involvement	X	X	X	X		X	X
Changing the System	X	X	X	X	X	X	
Theories of Treatment							X
Working In Other Fields					X		

Source: Primary

FIGURE 7

LEARNER NEEDS GIVEN BOTTOM 5 PRIORITY BY RESPONDENT'S POSITION

Variable (Learner Need)	Admins.	Supervisor	Head Nurse	Staff Nurse	Consultant	Instructor	Inactive
Conception	X	X	X	X	X	X	X
Anatomy and Physiology	X						
Mental Retardation	X	X	X	X		X	X
Therapy	X	X	X				X
Cooperation	X	X	X	X	X	X	X
New Environment		X	X	X			
Institutional Objectives				X		X	X
Human Abuse					X		
Life Crisis					X		
Planning Etc. Work					X		
Community Health Problems						X	

Figure 8 is a composite representation of learning needs by area of practice. Again, accepting rejection of four or more minor hypotheses as a rejection of a major hypothesis, it can be seen that the learning needs expressed in all areas of practice form a viable basis for offering C.E. to the registered nurse in practice.

Again, rank order of the top five and last five learning needs by area of practice is informative. Figures 9 and 10 are composites of these by area of practice and reveal the commonalities.

If one is dealing with nurses from a single area of practice, then the top priorities for that area of practice could be used. However, one could also offer programs on trends affecting patient care, on legislative involvement, on pharmacology and on patterns of dependency to nurses from all types of agencies and expect these courses to be well attended.

C. By Place of Employment.

Following the approaches cited above, Figure 11 shows a composite comparison of agreement by places of employment:

-Hospital Nurses
-Nursing Home Nurses
-Private Duty Nurses
-Public Health Nurses
-School Nurses
-Industrial Nurses
-Office Nurses

The large number of rejections of major hypotheses indicates that place of employment also presents a suitable basis for offering C.E. for the registered nurse.

Figures 12 and 13 indicate priorities for place of employment for the five top and five lowest learning needs.

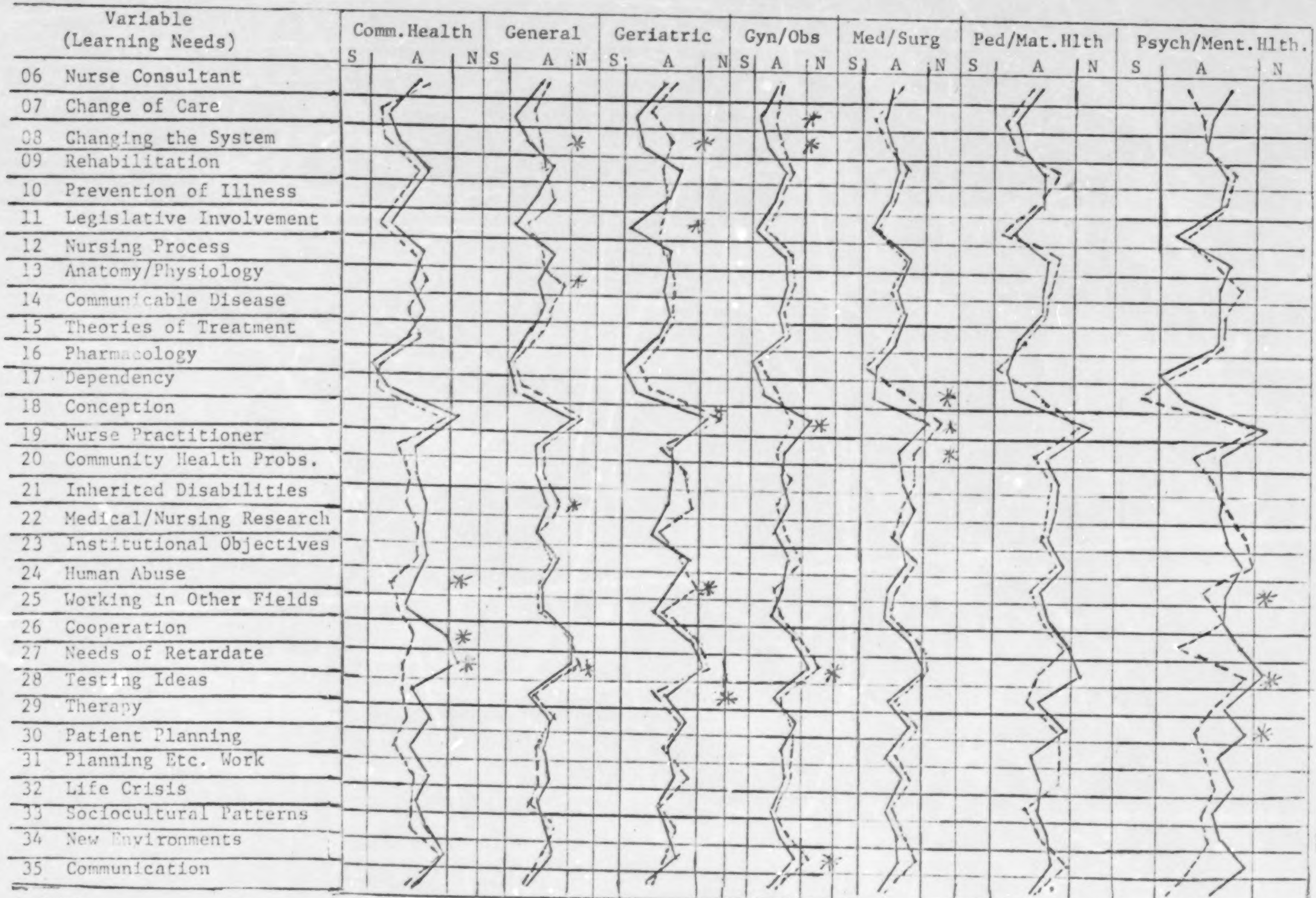
Here, again, one could offer nurses employed by different types of health agencies programs on pharmacology, legislative involvement, trends affecting patient care, patterns of dependency and on being a change agent to meet the learner needs.

D. By Region.

Following the approaches cited above, examination of learner needs by region was undertaken.

FIGURE 8

COMPOSITE COMPARISON OF AGREEMENT BY AREA OF PRACTICE
AND BALANCE OF SAMPLE WITH INDICATION OF SIGNIFICANT VARIABLES



LEGEND: ----- Balance of Sample *Significant .05 Level S - Strongly Agree N - Neither Agree Nor Disagree
----- Area of Practice A - Agree

FIGURE 9

LEARNER NEEDS GIVEN TOP 5 PRIORITY BY AREA OF PRACTICE

Variable	Comm. Health	General Practice	Geriatrics	Gyn/Obs	Med/Surg	Ped/Mat. Health	Psychiatrics/ Men. Health
Change of Care	X	X	X	X	X	X	X
Legislative Involvement	X	X	X	X	X	X	
Pharmacology	X	X	X	X	X	X	X
Changing System	X			X	X	X	
Dependency	X	X	X	X	X	X	X
Communication		X					X
Rehabilitation			X				
Nurse Consultant							X

Source: Primary

FIGURE 10

LEARNER NEEDS GIVEN BOTTOM 5 PRIORITY BY AREA OF PRACTICE

Variable	Comm. Health	General Practice	Geriatrics	Gyn/Obs	Med/Surg	Ped./Mat. Health	Psychiatrics/ Ment. Health
Conception	X	X	X		X	X	X
New Environment	X			X	X	X	
Needs of Retardate	X	X	X	X	X		X
Institutional Objectives	X			X			X
Cooperation	X	X	X	X	X	X	X
Therapy		X		X	X		
Inherited Disabilities		X	X				
Human Abuse			X				
Patient Planning						X	
Planning Etc. Work						X	
Anatomy and Physiology							X

Source: Primary

FIGURE 11

COMPOSITE COMPARISON OF AGREEMENT BY PLACE OF EMPLOYMENT
AND BALANCE OF SAMPLE WITH INDICATION OF SIGNIFICANT VARIABLES

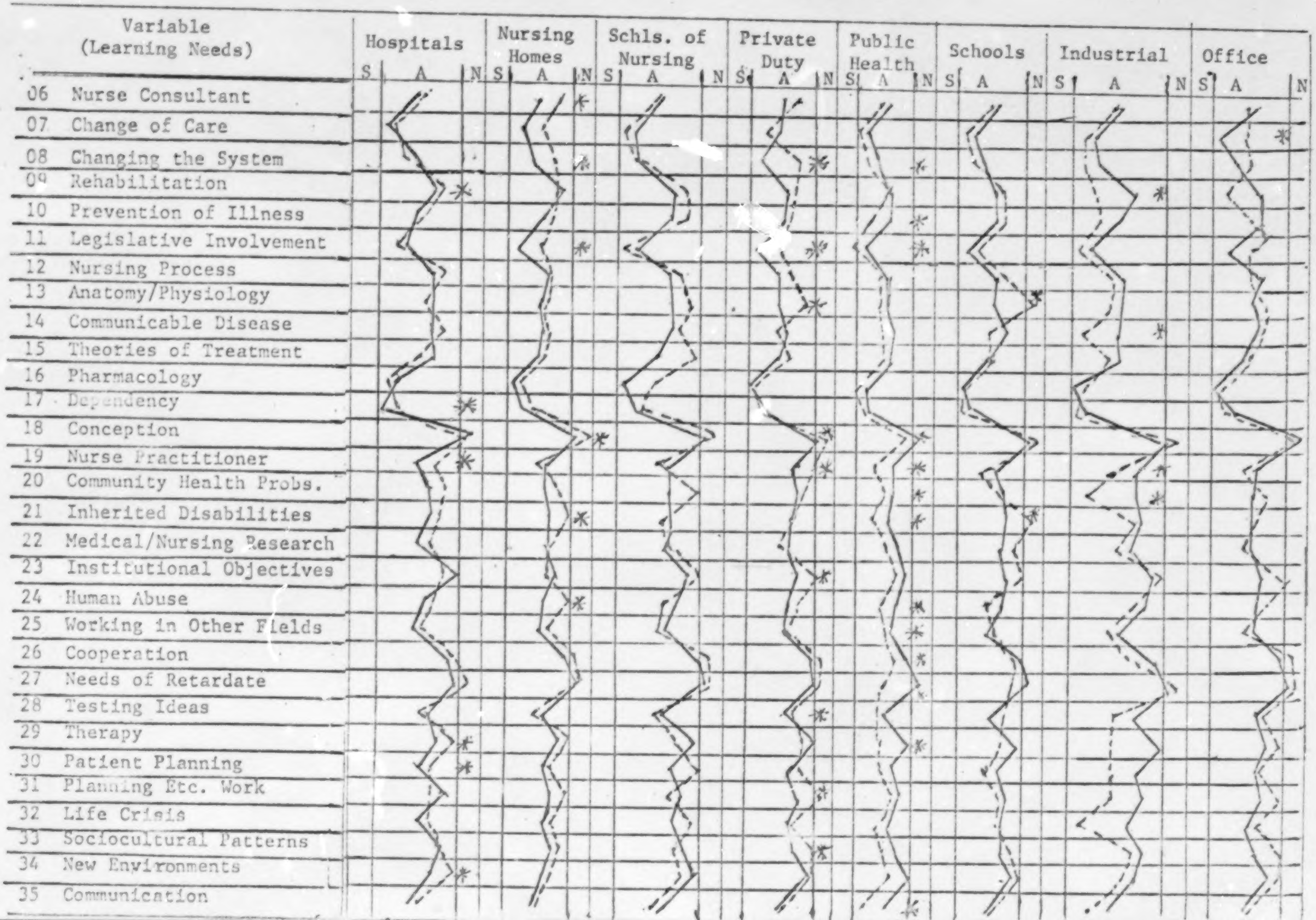


FIGURE 12

LEARNER NEEDS GIVEN TOP 5 PRIORITY BY PLACE OF EMPLOYMENT

Variable	Hospital	Nursing Home	Private Duty	Public Health	School Nurses	Industry	Office	School of Nursing
Pharmacology	X	X	X	X	X		X	X
Legislative Involvement	X	X	X	X	X	X	X	X
Change of Care	X	X	X	X	X	X	X	X
Change of System	X		X	X	X	X	X	X
Dependency	X	X	X	X	X	X	X	X
Communication		X				X		

Source: Primary.

FIGURE 13

LEARNER NEEDS GIVEN BOTTOM 5 PRIORITY BY PLACE OF EMPLOYMENT

Variable	Hospital	Nursing Home	Private Duty	Public Health	School of Nursing	Industry	Office	School Nurse
Conception	X	X	X	X	X	X	X	X
Needs of Retardate	X	X	X	X	X	X	X	
New Environment	X			X				X
Cooperation	X	X	X	X	X	X	X	X
Therapy	X	X						
Inherited Disabilities		X				X		
Patient Planning					X			
Comm. Health Problems					X			
Planning Etc. Work			X				X	
Institutional Objectives			X	X		X	X	X
Anatomy & Physiology								X

Source: Primary

Figure 14 is a composite profile by region.

No major hypothesis was rejected in this breakdown, thus indicating that the evaluations of learner needs by region are representative of the total sample of nurses. This breakdown, therefore, also presents a reliable basis for offering continuing education to registered nurses.

Figures 15 and 16 are composites of the most important and least important priorities of learner needs. The data suggests that programs, cutting accross regions, could safely be offered on pharmacology, legislative involvement, trends affecting patterns of patient care, and on being a change agent.

5.4.4 FINDINGS AND RECOMMENDATIONS

Table III shows the ranking of the learning needs by importance of the entire sample of nurses practicing in Florida. As can be seen, their most important need is in the area of newer trends in pharmacology. Considered somewhat less important, but nonetheless still important is the need to learn more about developing cooperation among fellow workers. Nurses practicing in Florida neither agreed nor disagreed on the importance or need of the health care needs of the retardate and methods to promote, prevent or terminate conception.

Had no significant differences appeared in any of the various breakdowns, the evaluations made by the entire sample (Table III) could have been used. However, four significant differences occurred in the nursing position breakdown, six in the area of practice breakdown, and five in the place of employment breakdown. It is, therefore, concluded that, if a continuing education program is structured to reach nurses in a specific nursing position, area of practice or place of employment, the respective rankings of learning needs designated by the nurses in the above groups should be used. If, however, a regional program is developed, the ranking of the continuing education needs by the total sample will suffice since no significant differences were noted in the regional breakdown.

By structuring programs based on the above conclusions, the F.N.A. can be confident that it is, in fact, offering programs that are representative of the C.E. needs of the professional registered nurse practicing in Florida.

FIGURE 14

COMPOSITE COMPARISON OF AGREEMENT BY REGION AND BALANCE OF SAMPLE WITH INDICATIONS OF SIGNIFICANT VARIABLES

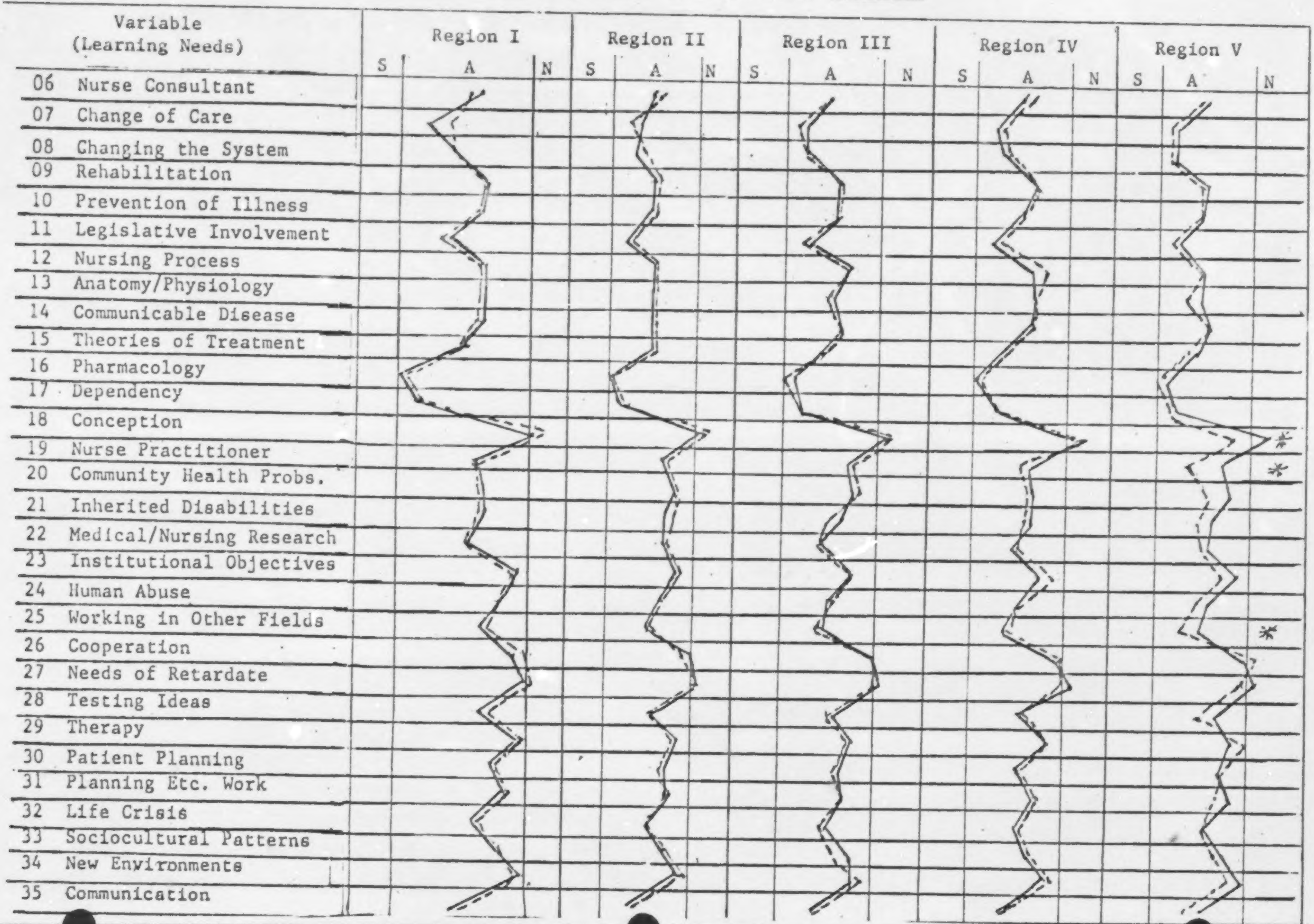


FIGURE 15

LEARNER NEEDS GIVEN TOP 5 PRIORITY BY REGION

Variable	Region I	Region II	Region III	Region IV	Region V
Pharmacology	X	X	X	X	X
Legislative Involvement	X	X	X	X	X
Dependency	X	X	X	X	X
Change of Care	X	X	X	X	X
Changing of System	X	X	X	X	X

Source: Primary.

FIGURE 16

LEARNER NEEDS GIVEN BOTTOM 5 PRIORITY BY REGION

Variable	Region I	Region II	Region III	Region IV	Region V
Conception	X	X	X	X	X
Needs of Retardate	X	X	X	X	X
Cooperation	X	X	X	X	X
Therapy	X	X			X
New Environment	X	X	X	X	X
Institutional Objectives				X	
Comm. Health Problems			X		

Source: Primary.

TABLE II

EVALUATION OF THE IMPORTANCE OF LEARNING NEEDS BY THE TOTAL SAMPLE

Learning Need	% Agreeing As To Importance Or Need	Agreement Index
16 Pharmacology	98.0	4.442
11 Legislative Involvement	92.4	4.301
07 Change of Care	94.3	4.299
17 Dependency	92.0	4.285
08 Changing The System	89.9	4.243
15 Theories of Treatment	87.6	4.123
35 Communication	84.4	4.117
10 Prevention of Illness	84.9	4.046
06 Nurse Consultant	80.2	4.025
13 Anatomy/Physiology	80.1	3.987
14 Communicable Disease	85.4	3.977
25 Working in Other Fields	81.0	3.976
09 Rehabilitation	85.1	3.974
32 Life Crisis	80.1	3.971
12 Nursing Process	79.9	3.962
28 Testing Ideas	78.7	3.905
22 Medical/Nursing Research	78.5	3.899
19 Nurse Practitioner	73.1	3.895
24 Human Abuse	75.3	3.894
30 Patient Planning	76.4	3.849
21 Inherited Disabilites	75.0	3.842
20 Community Health Problems	69.8	3.808
31 Planning Etc. Work	71.6	3.787
33 Sociocultural Patterns	73.6	3.786
23 Institutional Objectives	64.0	3.715
29 Therapy	65.2	3.679
34 New Environments	64.8	3.673
26 Cooperation	60.6	3.577
27 Needs of Retardate	57.4	3.474
18 Conception	49.4	3.367

5.5 DO F.N.A. EVALUATIONS REPRESENT NON-MEMBER COUNTERPARTS

To answer the question of whether F.N.A. nurses are representative of Florida nurses in general, the method described above was carried out, using minor and major hypotheses. For each position, area of practice, place of employment and region, thirty (30) comparisons were made. Statistical theory indicates that under these conditions, 5% of 1.5 comparisons would result in significant differences by chance alone. To determine whether or not both groups of nurses in each breakdown agreed on their evaluations of learning needs, it was necessary to obtain the number of differences which would occur beyond the .05 level of probability. Utilizing the binomial theorem, it was determined that the cumulative probability of obtaining three or fewer significant differences was .94. Thus, if F.N.A. nurses and non-member nurses in a particular breakdown disagreed in their evaluation of three or less learning needs, the respective major hypothesis would have been accepted. Four or more disagreements would have resulted in the rejection of the major hypothesis.

5.5.1 F.N.A. Nurses Not Representative Of Florida Nurses.

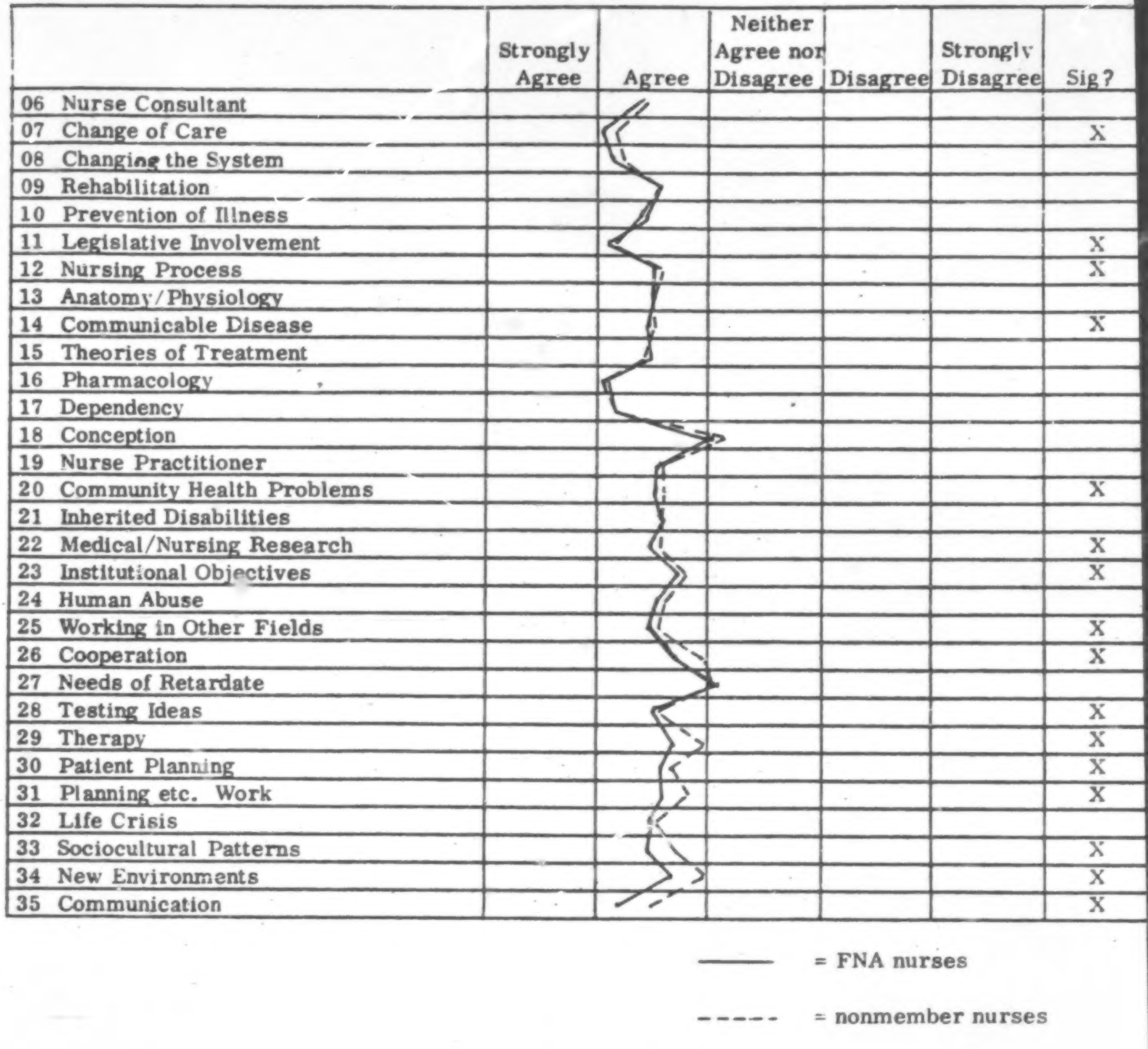
The comparison of the evaluations of the various learning needs made by F.N.A. nurses and non-members nurses is shown in Figure 17. This comparison, as can be seen in Figure 17 , resulted in the rejection of sixteen minor hypotheses. Of these sixteen minor hypotheses, fifteen occurred because the F.N.A. sample evaluated learning needs significantly higher than did the non-member sample. One learning need was evaluated significantly higher by the non-member sample. Recalling the discussion of criterion for representativeness stated above, the rejection of fifteen minor hypotheses negates the acceptance of the major hypothesis that there is no significant difference between F.N.A. members' evaluations of the learning needs and non-members' evaluations of the learning needs. Based on the overwhelmingly large number of significant differences in the evaluations of learning needs, it is concluded that F.N.A. evaluations of the learning needs are not representative of professional registered nurses practicing in Florida.

But what does a breakdown by position, area of practice, place of employment and region show?

5.5.2 Using the same approach as outlined in 5.4.2, analysis of comparison of learning needs for member/non-member groups was carried out.

FIGURE 17

COMPARISON OF EVALUATIONS BETWEEN THE TOTAL SAMPLE OF FNA NURSES AND THE TOTAL SAMPLE OF NONMEMBER NURSES



	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Sig?
06 Nurse Consultant						
07 Change of Care						X
08 Changing the System						
09 Rehabilitation						
10 Prevention of Illness						
11 Legislative Involvement						X
12 Nursing Process						X
13 Anatomy/Physiology						
14 Communicable Disease						X
15 Theories of Treatment						
16 Pharmacology						
17 Dependency						
18 Conception						
19 Nurse Practitioner						
20 Community Health Problems						X
21 Inherited Disabilities						
22 Medical/Nursing Research						X
23 Institutional Objectives						X
24 Human Abuse						
25 Working in Other Fields						X
26 Cooperation						X
27 Needs of Retardate						
28 Testing Ideas						X
29 Therapy						X
30 Patient Planning						X
31 Planning etc. Work						X
32 Life Crisis						
33 Sociocultural Patterns						X
34 New Environments						X
35 Communication						X

——— = FNA nurses

----- = nonmember nurses

5.5.2.1 Findings By Position.

Figure 18 is a composite of responses given by F.N.A. groups and non-member groups.

Recalling that significant differences of three or more minor hypotheses were required to reject a major hypothesis, the following conclusions can be reached:

- The learning needs of non-members/F.N.A. members differ for head nurse, general (staff nurse) and instructor.

- Thus, if F.N.A. structures programs for administrators, supervisors, consultants or non-active nurses, it can use rankings by F.N.A. members. For the three other groups, it is best to use responses from non-member groups.

5.5.2.2 Findings By Area Of Practice.

Figure 19 is a composite of responses of F.N.A. members and non-member groups by area of practice.

When comparing the evaluations by nurses in various areas of practice, the ratings by non-members practicing in community health, medical/surgical nursing, pediatric/maternal health, and in psychiatric/mental health should be used in program planning.

5.5.2.3 Findings By Place Of Employment.

Figure 20 is a composite of responses from F.N.A. members and non-members by place of employment.

It can be seen from data profile that non-member nurses, working in hospitals, evaluate their learning needs significantly different from F.N.A. members. All other groups were judged to have no significant differences in their evaluation of learning needs. But, what happened in the regions?

5.5.2.4 Findings By Region.

Figure 21 is a composite of responses by region. The data indicate that only F.N.A. nurses, practicing in Region II, are representative of their non-member counterparts.

COMPOSITE COMPARISON OF EVALUATION BY POSITION
BETWEEN F.N.A. MEMBERS AND NON-MEMBERS

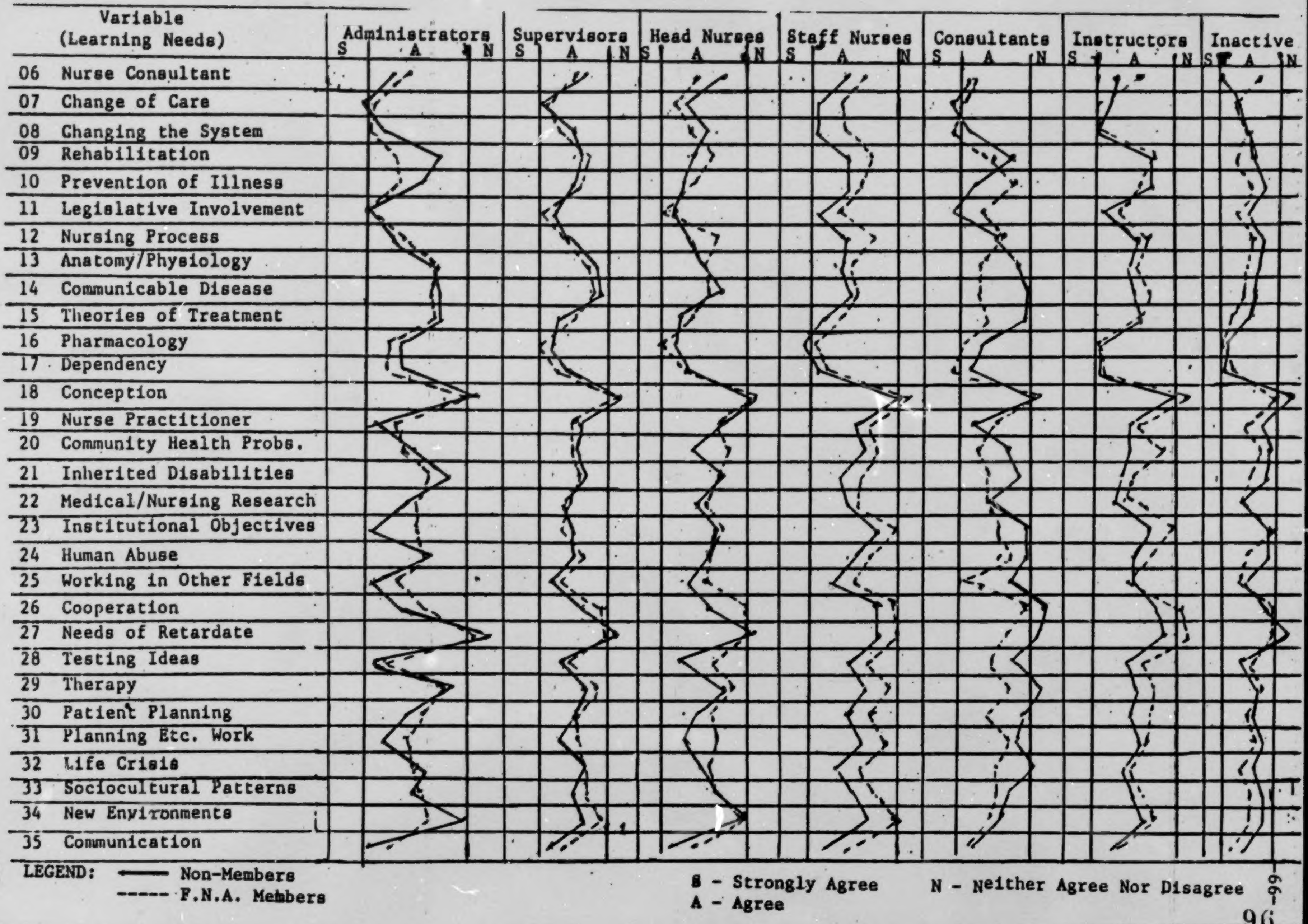
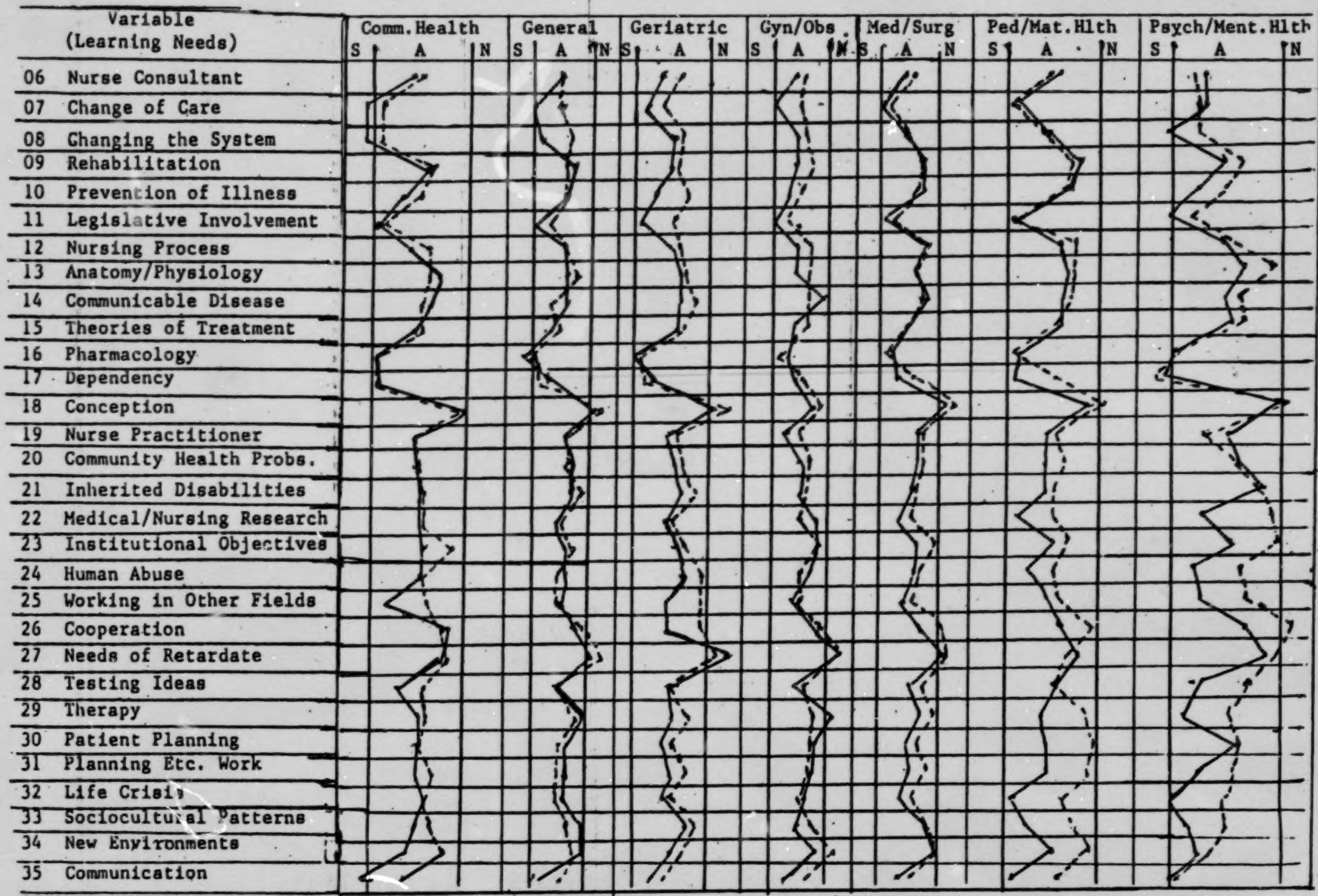


FIGURE 19

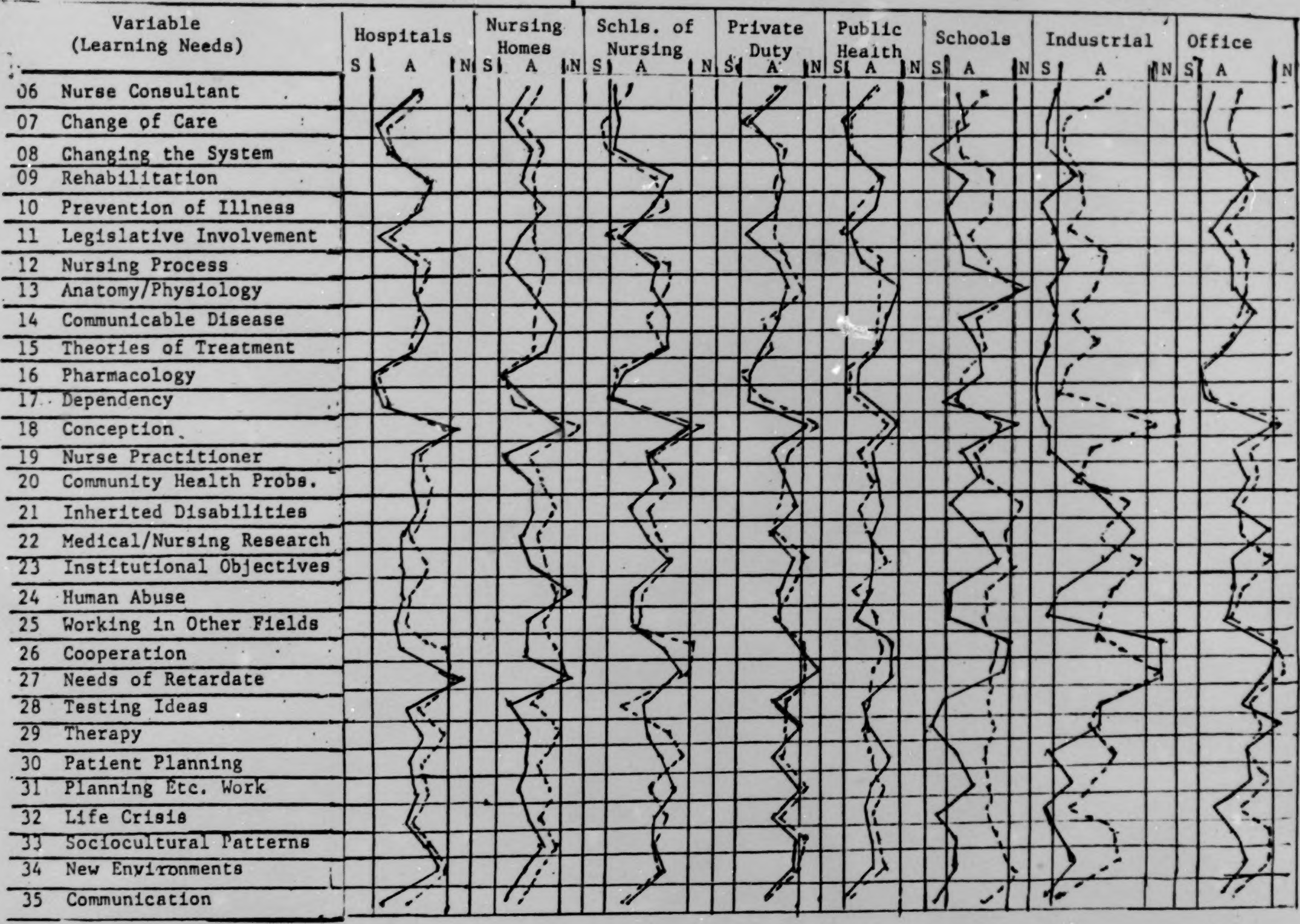
COMPOSITE COMPARISON OF EVALUATION BY AREA OF PRACTICE BETWEEN F.N.A. MEMBERS AND NON-MEMBERS



LEGEND: ——— Non-Members
------- FNA Members

S - Strongly Agree
A - Agree
N - Neither Agree Nor Disagree

COMPOSITE COMPARISON OF EVALUATION BY PLACE OF EMPLOYMENT BETWEEN F.N.A. MEMBERS AND NON-MEMBERS

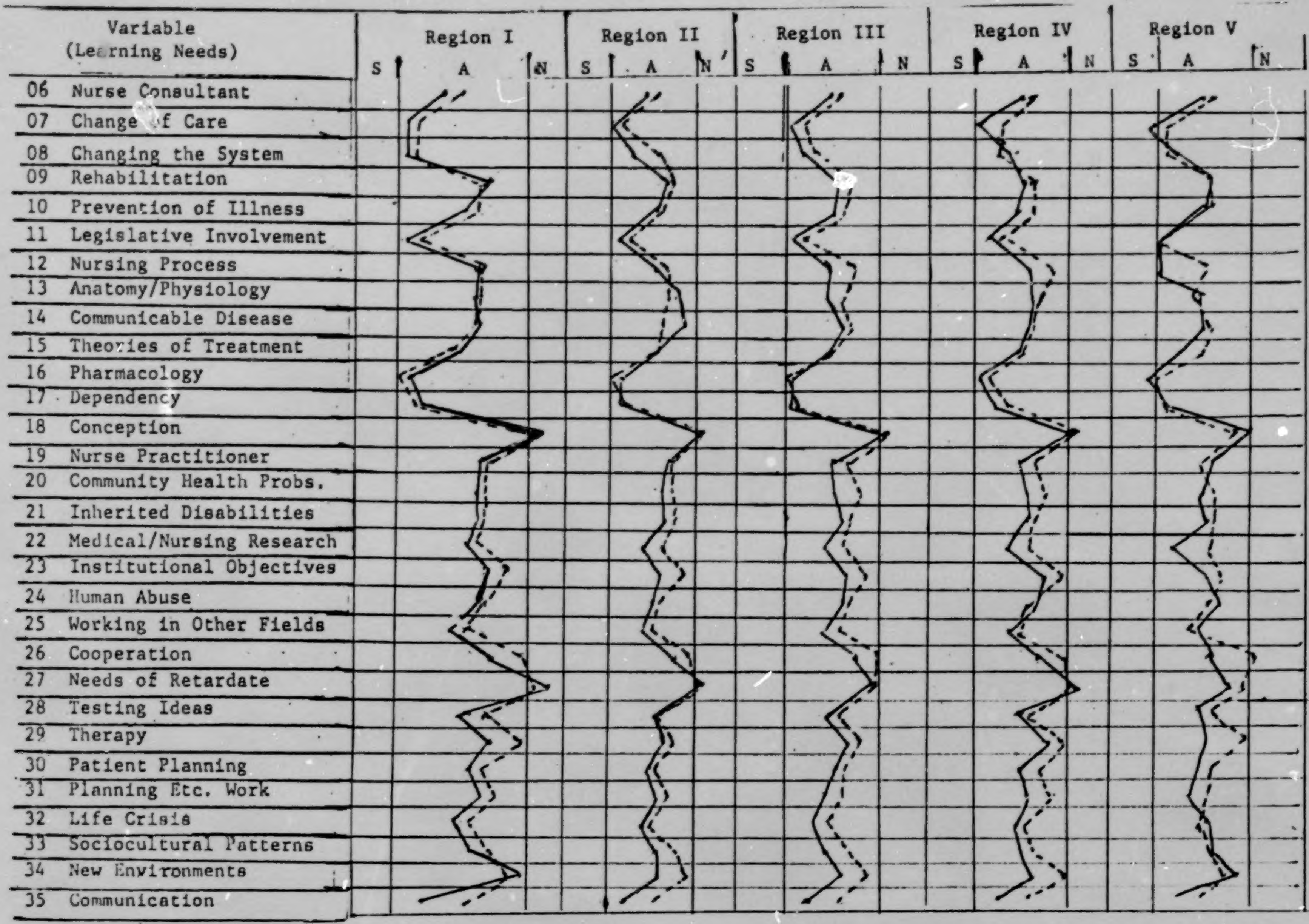


LEGEND: ——— Non-Members
- - - - - FNA Members

S - Strongly Agree
A - Agree

N - Neither Agree Nor Disagree

COMPOSITE COMPARISON OF EVALUATION BY REGION BETWEEN F.N.A. MEMBERS AND NON-MEMBERS



LEGEND: ———— Non-Members
-------- FNA Members

S - Strongly Agree
A - Agree

N - Neither Agree Nor Disagree

5.6 FINDINGS AND RECOMMENDATIONS.

The comparison of the total sample of F.N.A. members' continuing education needs and the total sample of non-members' continuing education needs resulted in the rejection of sixteen minor hypotheses, which necessitates the rejection of the major hypothesis that there is no significant difference between the F.N.A. members' evaluations of continuing education needs and non-members' evaluations of continuing education needs. The two groups of nurses are not equivalent. Furthermore, three major hypotheses were rejected in the nursing position breakdown, four in the area of practice breakdown, one in the place of employment breakdown, and four in the regional breakdown. These rejections indicate that the two groups are sufficiently different to warrant the conclusion that the F.N.A. members' evaluations of C.E. needs are not representative of the entire population of professional registered nurses practicing in Florida.

The question now arises as to which evaluation of learning needs should be used to structure a program for satisfying the C.E. requirements for the professional registered nurse practicing in Florida. The answer to this question varies with the group of nurses under consideration. If, for example, a program of C.E. is offered ONLY to F.N.A. nurses, then the evaluations presented in Phase A should be used. If, however a program for C.E. needs is to be offered for ALL professional registered nurses practicing in Florida, results based on Phase B (non-member nurses) should be used. Phase B results should not only satisfy the C.E. needs of non-member nurses, but also the C.E. needs of F.N.A. members. This statement is substantiated by the inclusion in the non-member sample of a subsample of F.N.A. members. Presently, there are 38,687 professional registered nurses practicing in Florida. Of this number, 5,500 are members of the Florida Nurses Association. Therefore, 14.27% of the professional registered nurses practicing in Florida are members of the F.N.A. The sample used in Phase B included 1,436 nurses, of which 225 were members of the F.N.A. The F.N.A. was represented in Phase B by 15.66% of the respondents. This is within 1.29% of the actual relationship. Therefore, a proportionate re-relationship was maintained, and the results of Phase B can be considered representative of the C.E. needs for professional registered nurses at large.

5.7 IMPLICATIONS FOR PROGRAM PLANNERS.

It comes as no surprise that non-members would view their learn-needs less strongly than the nurse who holds professional membership. The continuing focus of professional organizations to be accountable for one's practice, whatever the setting, has undoubtedly raised the consciousness level toward C.E.

It also suggests that F.N.A. members, planning programs for all nurses, would do well to take into consideration the evaluations of non-members if the support and interest of this group is to be obtained.

One can speculate on the perception of staff nurses, most of whom work in medical/surgical areas of practice in acute care hospitals. Note the areas in which significant differences in perception of learning needs occur; compare this with medical/surgical findings and hospital nurses by looking at Figure 22.

Consider the task faced by an Inservice Director who knows that joint commission requires documented evidence of individualized nursing care, in which patient and all members of the health team participate. To structure C.E., advanced level content to change behaviors of staff nurses so that the documentation and performance of appropriate care will require:

A. Understanding of institutional objectives;
B. Understanding of newer therapies;
C. Drawing upon medical and nursing research;
D. Involving the patient in planning his care; and
E. Knowing and using principles of management to plan, organize, direct and control the work involved.

Is it any wonder Directors of Nursing Services are frustrated then when staff nurses do not respond to programs designed to develop desired knowledge, skill and attitudes in these areas?

Perhaps it would be well to lead into these concepts by building on what the staff nurse does view as meaningful continuing education.

Significant also is the low ranking of the desire to become more involved in the changing of the health care system. It raises the

FIGURE 22

COMPARISON OF CONCEPTS SHOWING SIGNIFICANT DIFFERENCES FOR STAFF NURSES IN MEDICAL/SURGICAL WORKING IN HOSPITALS

Concepts Showing Significant Differences	Position	Area	Employment
	Staff Nurse	Med/Surg	Hospital
Change of Care	X		X
Legislative Involvement	X		X
Nursing Process	X		X
Comm. Health Problems			X
Med./Nursing Research	X	X	X
Institutional Objectives	X	X	X
Working in Other Fields	X		X
Cooperation		X	X
Testing Ideas	X		X
Newer Therapies	X	X	X
Patient Planning	X	X	X
Planning Etc. Work	X	X	X
Sociocultural Patterns	X		X
Communication	X		X
Changing of Systems	X		
Rehabilitation	X		
Inherited Disabilities	X		
New Environments	X		
Life Crisis	X		

question of how logical it is to expect a staff nurse, who does not view this as a meaningful learning need, to be an agent of change.

Both considerations - that of designing, implementing and documenting patient care and that of being a change agent - rest upon motivation to acquire the behaviors needed to perform. Without self-motivation based upon a positive reinforcement re: a system of rewards, the offering of C.E. to staff nurses may be a waste of time.

CHAPTER VI

ADVANCED CONTENT IN CONTINUING EDUCATION FOR THE REGISTERED NURSE

6.1 INTRODUCTION.

It was pointed out in the F.R.M.P. #189A report that guidelines were prepared by an expert study group in the Spring of 1974 to assist the F.N.A. program planner in her evaluation of C.E. programs submitted to F.N.A. for recognition.

That expert study group accepted the criterion from adult education and from the American Nurses Association's Standards for Continuing Education that content offered in C.E. programs should be at the advanced level.

It, therefore, became that group's task to identify advanced level content in the five areas of nursing practice, i.e. medical/surgical, maternal and child health, community health, obstetrics/gynecology, and psychiatric and mental health.

Ten recognized leaders, respresenting the five areas of nursing practice, met twice in the Spring of '74 to develop guidelines for each area of practice. (Appendix, Item 5). These became the basis for determining whether program content offered for recognition was, in fact, at the advanced level.

While the efforts of the first expert study group were most helpful, further assistance was needed. Therefore, a second expert study group (Appendix, Item 6), again representing the five areas of practice, was convened on November 7, 1974 to review the guidelines.

6.2 PURPOSE OF MEETING.

Three objectives were set for the meeting:

A. To review objectives basic to data collection re: quantity and quality of C.E. programs submitted to F.N.A. for credentialling during 1973-74.

B. To recommend additional objective and appropriate data desired for F.R.M.P. #189B (1974-75).

C. To review criteria used in credentialling C.E. programs and make appropriate recommendations for revision.

These objectives were achieved.

6.3 ACTIONS TAKEN BY THE GROUP TO ACHIEVE OBJECTIVES.

The group began with a review of programs submitted to F.N.A. for recognition since July 1, 1974.

The programs were divided according to content area, and in subgroups of two, the experts considered each program, using the previously prepared guidelines. The use of the guidelines led to some modification of content, particularly with reference to public health nursing (Appendix, Item 7).

Following the subgrouping activity, a general discussion was held. Significant comments made re: levels of content included:

A. The difficulty in determining what does, in fact, constitute advanced level content, i.e. content currently offered in a generic program may not have been included ten years ago. An example could be crisis nursing in a coronary unit.

B. The increased use of CLEP concept - Challenging exams will make it more difficult to assess the level of the learner and what can be construed as basic or advanced level nursing content.

C. The lack of agreement by nurse leaders as to what constitutes performance behavior of graduates of generic programs has resulted in a hodgepodge of curricular content. Hence, it is extremely difficult to generalize about what, in fact, is basic or advanced content.

6.4 RECOMMENDATIONS.

The group recommended that the program reviewer gather statistics for F.R.M.P. #189B, which would show:

- Change in program characteristics;
- Change in geographic representation;
- Number of R.N.s reached;
- Mechanics used to disseminate information;
- Degree of involvement in clinical practice;
- Concrete evidence of an evaluation tool;
- Funding mechanism.

A data collection model was developed (Appendix, Item 8) as was a self-evaluation checklist for program planners. The latter grew out of feelings from one expert that program planners were "waiting for the axe to fall", and the anxiety would be lessened if they had a tool for self-evaluation.(Item 9).

The suggestions, as to statistics, were incorporated by the program reviewer in the review protocol and the findings are presented in Chapter VII.

The data collection instrument and the self-evaluation checklist were directed to the F.N.A. Committee for Nursing Education for consideration and possible incorporation into the program review protocol.

6.5 FINDINGS.

Until nurse leaders come to terms with the uniquenesses of graduates from the various types of generic programs and develop general guidelines for content areas needed by these graduates, it will continue to be difficult for program planners to offer advanced level content.

The most feasible solution may be use of pre- and post-testing with adaptation of content to the level of the learner, whatever that is.

CHAPTER VII

FOCUSING C. E. PROGRAMS

7.1 INTRODUCTION.

The initial phase of the project described the approach undertaken by the Florida Nurses Association to encourage quality C.E. programs and to maintain records for members who requested this service.[1]

While guidelines had been established for evaluation of programs submitted for F.N.A. recognition, the criteria were general in nature and loosely applied.

With extension of the project, several areas were identified in which activities might be carried out to strengthen both the quality and quantity of C.E. programs as well as to consider in depth, the problem of C.E. record keeping. This chapter describes four activities undertaken,[2] i.e.

- "How-To" Conferences;
- The "Evaluation Conferences";
- Comparison of 1974 programs as to content, area of practice, methodology with those of 1973; and
- The study of F.N.A. C.E. program record processing.

7.2 THE "HOW-TO" CONFERENCES.

It was evident from the data collected that those charged with planning and conducting C.E. programs needed help if quality programs were to be offered. Consequently, when funds became available to implement the recommendations made in F.R.M.P. #189A report, one activity was directed toward offering a program on how to design and conduct C.E. programs for the adult learner.

A one-day conference on basic skills needed to plan short-term noncredit programs was planned. This conference was to be repeated five times in strategically geographic regions of the State. The structure of the program was to stress intra- and interdisciplinary cooperation and to incorporate principles from adult education. It is this program which is described herewith.

7.2.1 Objectives of Program.

The following objectives were established to guide development of the program: A) those for the learner, and B) those for the teacher. The objectives to be discussed first will be A) those for the learner along with content, methodology and rationale for them.

A. The learner objectives follow:

At the conclusion of the program, the participant will:

- Submit a series of sequentially designed C.E. programs for the R.N., which evolve from a major nursing concept and are based upon documented learner need;
- State behavioral objectives to be attained in each program;
- Identify appropriate subject matter;
- Select an appropriate form of instruction;
- Identify a system of evaluation;
- Identify appropriate resource persons or the steps necessary to locate such persons;
- Build a collaborative framework with others who may be involved in similar or parallel activities.

Content and Methodology Related To Learner Objectives:

To achieve the learner objectives, the content chosen included a brief review of the findings of F.R.M.P. #189A, a listing of principles of adult education, the major nursing concepts identified by R.N.s (in test sample) as having top learning need priority, the criteria which Florida Nurses Association uses in credentialling programs, and the organization of local groups currently involved in C.E.

Methods used to achieve these objectives included didactic presentation of research findings from F.R.M.P. #189A, discussion, and the simulation technique.

Rationale for Simulation Technique:

In order to provide a suitable adult learning experience, Roger's suggestion of allowing maximum input by conferees was adopted.3/ A simulation technique seemed to meet this criterion for the following reasons:

- Simulations and games are a widely accepted educational tool.4/ *
- Simulations allow maximum input by participant and are suitable to adult learner.5/
- Simulation of a group process can be useful because it allows members of a group to work through problems

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*Even Plato recognized that "expertise in doing anything derived from practice should take the form of play".

> and feelings, which tend to inhibit group activities The simulation permits members to sharpen skills used in interactions without the threat of the real situation. 6/

Since the model of this program was to stress intra- and interdisciplinary planning, sumulation of a Program Planning Committee seemed appropriate. Therefore, participants were divided into committees of six to eight each, on the basis of, 1) position held, and 2) types of agency where employed. Each group was given a theme (Item 10), based upon a high priority learning need, and assigned the following tasks:

- Identify twelve sub-programs to cover a one year period; and
- Develop one sub-program in depth, using the F.N.A. guidelines for program development (Item 11).

As originally planned, the simulated committees had two hours to complete the above activities.

Since group decision-making is time consuming, materials were made available to lessen conflict over decisions. The materials selected profiled the basic elements identified by McKenzie as vital to a simulation model. 7/

These elements paired with program handouts, are found in Figure 23.

B) The teacher objectives were outlined as follows:

Upon completion of the series, the faculty will have:

- Exposed all F.N.A. regions in the state to a model C.E. program;
- Collected data on participant characteristics;
- Exposed participants to an academic setting;
- Objective evidence to study impact of the programs upon C.E. in Florida

Content and Methodology To Achieve Teacher Objectives:

To achieve the teacher objectives stated above, the following were used:

FIGURE 23

Simulation Elements and Handouts Used by "How-To" Groups

	Elements	Handouts
1.	Goals	-Clearly state group objectives.
2.	Simulated Universe	-Name Tags; -Predetermine group compositions
3.	A Scenario	-Themes for year; -Calendar
4.	Profiles	-Synthesis of findings of F.R.M.P. #189A -Expert Study Group; -Analysis of content - F.R.M.P. #189A -R.N. population.
5.	Rules	-Instructions for simulation -F.N.A. Forms #103 and 104
6.	Resources	-Registration cards; -Lists of Deans & Directors of Nursing Programs in Florida -Listing of F.N.A. members holding Master's Degree or above in Nursing, Education or Administration -Pattern for problem-solving

- Principles for the model were drawn from adult education, demographic, cultural and economic data, and nursing practice.

- Uniform information was collected on a registration form.

- Programs were offered at the State Colleges and Universities.

- A variety of objective and subjective evaluation devices were used.

Rationale for Methodology:

Since data, obtained during Feedback Conferences in June 1974 (designed to share the findings of F.R.M.P. #189A), substantiated a wide gap in preparation to deal with adult learners, the faculty chose to expose participants to a model C.E. program for R.N.s, which would meet criteria cited by Knowles for adult education[8] as well as to reflect findings from program review (See pp. 26-44, F.R.M.P. #189A).

The need to expand lists of available resource persons grew out of requests for help from C.E. planners throughout the State.

Since R.N.s in certain parts of the State had already made overtures to local colleges and universities, it was decided to strengthen these by having conferences held at these institutions.

In addition, it was recognized that many program planners were unfamiliar with the academic setting. Since collaboration was desired with institutions of higher learning, it was felt appropriate to expose participants to local colleges and universities.

Because both process and content were of concern to the faculty, evaluation of both were deemed important. Hence, participants' and faculty reactions were sought re: reaction to content and to the process used. Plans were made to evaluate the product of the group work as well as programs subsequently submitted to F.N.A. for review.

CONFERENCE FACULTY:

Faculty for the conferences was chosen from the F.R.M.P. #189B Project

Staff (Dr. W. H. Griffin, Project Coordinator and Mrs. Lora Craig, Nurse Educator/Clinical Specialist) and the Florida State Board of Nursing (Mrs. Judie K. Moorhead, Coordinator, C.E.). These three brought wide experience (Continuing Education, Nursing Administration and Clinical Practice) to the programs. Mrs. Moorhead's participation resulted from an overall objective of F.R.M.P. #189B, i.e. to strengthen the Florida State Board of Nursing's role in continuing education.

SETTINGS:

The settings for the five conferences with dates, contact persons and facilities available are found in Figure 24.

CHARACTERISTICS OF PARTICIPANTS:

The program was designed to meet the learning needs of adult registered nurses who, through employment situations, inclinations or voluntary commitments, were involved in planning C.E. programs for R.N.s in the State of Florida. While the conferences WERE planned for the neophyte program planner, it was hoped that others with more sophisticated preparations, background and experiences would participate in order to provide input into the group activities.

Publicity was released via The Florida Nurse and 750 printed brochures. (Item 12). The latter were mailed throughout the State to:

1. Participants in conferences held during F.R.M.P. Project #189A;
2. Directors of Inservice Education;
3. Directors of Nursing in hospitals and nursing homes;
4. County Health Departments;
5. District Nurses Associations;
6. Schools of Nursing in community colleges and universities; and
7. Resource persons.

One hundred ninety-six (196) individuals participated with one hundred eighty-one (181) of these preregistered. Of the latter, thirty-eight (38) were in response to the application carried in The Florida Nurse.

The characteristics of participants, as to area of practice, are found in Table III.

FIGURE 24

DESCRIPTION OF FACILITIES FOR CONFERENCES AS TO LOCATION, DATE, CONTACT PERSON, FACILITIES AVAILABLE FOR FIVE "HOW-TO" CONFERENCES ON C.E.

LOCATION	DATE	CONTACT PERSON	FACILITIES AVAILABLE TO CONFERENCES				
			Flexible Classroom	Small Group Rooms	Audio-visual Aids	Parking	On Campus Eating
Univ. of West Fla., Pensacola	Sept. 18, 1974	Mrs. Phyllis Connerly (State-Wide Task Force)	Yes	Yes	Yes	Yes	Yes
Palm Beach Jr. College, Lake Worth	Oct. 8, 1974	Ms. Betty Morgan, Director, Nursing Program	Yes	Yes	Yes	Yes	Yes
South Fla. Jr. College, Avon Park	Oct. 10, 1974	Dean Donald Farrens; Mr. Gene Statler	No	No	Yes	Yes	No
Brevard Comm. College, Cocoa	Oct. 15, 1974	Dr. Wilma Gillespie, Director, Nursing & Allied Health Program	No	No	Yes	Yes	No
Univ. of No. Fla., Jacksonville	Oct. 17, 1974	Dean Robt. Mitchell; Mr. T. Hill	Yes	Yes	Yes	Yes	Yes

TABLE III

PARTICIPANT CHARACTERISTICS BY REGION AS TO AREA OF PRACTICE

Conference No.	1		2		3		4		5		TOTAL	
	*N = 36		N = 37		N = 42		N = 27		N = 54		N = 196	
Area of Practice	#	%	#	%	#	%	#	%	#	%	#	%
N.S. Administration	5	13,88	3	8.11	4	9.52	1	3.70	2	3.70	15	7.65
Inservice Education	4	22.22	8	21.62	8	19.04	3	11.11	7	12.96	34	17.34
University Education									1	1.85	1	.51
Comm. Coll.Education	3	8.33	1	2.70					2	3.70	6	3.06
Staff Nursing:												
Community Health	3	8.33	5	13.51	7	16.66	1	3.70	3	5.55	19	9.69
Crisis Unit	7	19.44	3	8.11	3	7.14	9	33.33	8	14.81	30	15.30
Clinical Specialty	1	2.77			2	4.76			5	9.26	8	4.08
Geriatrics	3	8.33	5	13.51	5	11.90	1	3.70	7	12.96	21	10.71
Medical/Surgery	3	8.33	1	2.70	4	9.52	5	18.51	8	14.81	21	10.71
Psychiatric	2	5.55	1	2.70	3	7.14	1	3.70	9	16.66	16	8.16
Others	1	2.77	10	27.02	6	14.28	6	22.22	2	3.70	25	12.75
Total	36	99.95	37	99.98	42	99.96	27	99.97	54	99.96	196	99.97

Source: Primary

*N Based Upon No. of Registration Cards Completed and Turned In.

OUTCOME OF PROGRAM:

Using a simulation of a C.E. program planning committee, one hundred ninety-six (196) participants in five academic settings submitted twenty-seven (27) C.E. programs based upon previously identified themes in nursing and upon F.N.A. Guidelines for Program Review (Item 10).

A roster of participants was established which also indicated individuals willing to serve as resource persons (Item 13).

EVALUATION OF THE PROGRAM:

Evaluation of the program included both subjective and objective data. Subjective data were obtained from end-of-meeting forms and from continuous analysis by faculty of processes used during each conference. Objective data were collected via the programs submitted as a result of the group work and are continuing to be collected by analysis of programs submitted by participants to F.N.A. for credentialling from November 1974 through May 1975, using F.N.A. Guidelines for Program Review.

Analysis was carried out on the end-of-meeting forms, using appropriate statistical measures.

An instrument was devised in which the major portions of the program (five in number)* became scales to be measured. A weighted Likert scale was used to achieve an agreement index which reduces the effects of chance variation. A total of one hundred seventy-six (176) instruments were returned. 1) Tables IV and V indicate the comparison of agreement between each subgroup and balance of participants, 2) Tests for significant differences on each scale for each subgroup were carried out, using null hypothesis for each scale**. Table IX presents a summary of the importance of "How-To" Conferences by groups. 3) Table X shows the rank order by subgroups for each of four scales.

Subjective data, as to process, was gathered by faculty via participant/observation role. Immediate feedback via conference technique

.....

*Variable 5 was dropped after the first conference due to time constraint which necessitated modifying program to omit discussion of local need.

**Methodology and analysis are available in Project Office.

TABLE IV

RANK ORDER OF SCALES 1 - 4 — SUBGROUP 1

Scales	Rank Order
1	4.6875
3	4.5000
4	4.5000
2	4.3755
Balance of Groups (2, 3, 4, 5)	
1	4.3681
3	4.2292
4	4.1875
2	4.1736

TABLE V

RANK ORDER OF SCALES 1 - 4 — SUBGROUP 2

1	4.5000
3	4.4412
2	4.4118
4	4.3252
Balance of Groups (1, 3, 4, 5)	
1	4.4085
3	4.2394
4	4.2254
2	4.1620

TABLE VI

RANK ORDER OF SCALES 1 - 4 — SUBGROUP 3

1	4.4130
3	4.2368
4	4.1579
2	4.0789
Balance of Groups (1, 2, 4, 5)	
1	4.4130
3	4.2899
4	4.2681
2	4.2464

TABLE VII

RANK ORDER OF SCALES 1 - 4 — SUBGROUP 4

Scales	Rank Order
3	4.1818
1	4.0909
4	4.0949
2	3.8636
Balance of Groups (1, 2, 3, 5)	
1	4.4740
3	4.2922
4	4.2662
2	4.2597

TABLE VIII

RANK ORDER OF SCALES 1 - 4 — SUBGROUP 5

1	4.3200
2	4.2200
4	4.1600
3	4.1000
Balance of Groups (1, 2, 3, 4)	
1	4.4683
3	4.3492
4	4.2778
2	4.2063

TABLE IX

EVALUATION OF IMPORTANCE OF "HOW-TO" CONFERENCES BY GROUPS

Scale No.		GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5
Stated Objectives of Program Were Met:		4.6875	4.5000	4.4737	4.0909	4.3200
	Balance:	4.3681	4.4085	4.4130	4.4740	4.4683
Review of Program Planners' Problems Met My Needs:		4.3750	4.4118	4.0789	3.8636	4.2200
	Balance:	4.1736	4.1620	4.2464	4.2597	4.2063
Program Planning Simulation Met My Needs:		4.5000	4.4412	4.2368	4.1818	4.1000
	Balance:	4.2292	4.2394	4.2899	4.2922	4.3992
Feedback on Simulation of Program Planning Met My Needs:		4.5000	4.3253	4.1579	4.0909	4.1600
	Balance:	4.1875	4.2254	4.2681	4.2662	4.2778

Source: Primary

TABLE X

COMPOSITE RANK ORDER FOR ALL SUBGROUPS

RANK	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5
FIRST:	Scale 1	Scale 1	Scale 1	Scale 3	Scale 1
SECOND:	Scale 3 or Scale 4	Scale 3	Scale 3	Scale 1 or Scale 4	Scale 2
THIRD:		Scale 2	Scale 4		Scale 4
FOURTH:	Scale 2	Scale 4	Scale 2	Scale 2	Scale 3

was used with anecdotal documentation by all faculty. Corrective action was applied e.g. it became evident at the Pensacola conference that participants preferred to use faculty as consultants rather than have them as part of the subgroup (which had been the initial plan). Supporting documentation included open comments by participants to faculty, such as "I had a good comment to make, and it flew right out of my mind when you sat down" or changes in behavior, e.g. noted periods of silence or disruption of flow of ideas when faculty moved into groups.

Analyses of programs submitted were carried out during peer review sessions by faculty and participants and by comparing materials submitted with F.N.A. Criteria for Program Review. Table XI presents a composite of the findings.

Data is in the process of being collected on actual programs, submitted by participants, as to the degree to which they meet criteria on initial application.

FINDINGS:

As can be noted in Table IX (groups 1 and 2) the groups in Pensacola and in Palm Beach felt the program, as a whole, more adequately met their needs than did the remaining groups with some scale items showing a significant difference. This was substantiated in feedback discussions and enthusiastic comments on evaluation forms.

The position of Group 4, Brevard Junior College group, was not surprising for it was this group which had a large enrollment of Inservice Educators who freely admitted, in feedback, that they wanted specific application of the principles being developed in terms of inservice. Their frustration appeared to stem, in reviewing their backgrounds, upon lack of preparation for their current possitions. Those in this group had not been exposed to adult education, teaching methods or the functioning of an Inservice Department.

Feddback on Group 5 showed difficulty in allocation of leadership roles during simulation process which may have accounted for the significant difference in this group's perception. Also, the faculty observed that the various task groups experienced difficulty in working together.

TABLE XI

ANALYSIS OF PROGRAM SUBMITTED AT "HOW-TO" CONFERENCES USING F.N.A. CRITERIA FOR PROGRAM RECOGNITION

TOTAL OF PROGRAMS SUBMITTED - 27 (30 POSSIBLE)

OBJECTIVES:

Behaviorally Stated:	9
Non-Behaviorally Stated:	4
Obscure:	14

QUALIFICATIONS OF SPEAKERS:

Registered Nurse Specialist:	12
Non-Nurse Suitable to Content:	0
Cross-Disciplinary Approach:	13
Not Indicated:	2

PROGRAM SPONSORS:

Hospital:	8
Dist. Nurse Association:	6
Jr. College - C.E. Dept.:	6
University - C.E. Dept.:	0
Task Force on C.E.:	3
Other:	2

TYPE OF AUDIENCE:

R.N. Only:	18
R.N. and L.P.N.:	6
Mixed:	3

TYPE OF PRESENTATION:

Lecture:	0
Panel Discussion:	2
Group Discussion and Feedback:	1
Not Indicated:	23
Role Playing:	1

FEE:

Indicated:	13
No Fee:	14

EVALUATION:

Indicated:	3
Not Indicated:	24

LOCATION OF PROGRAM:

Hospital:	8
Jr. College:	7
University:	4
Community Location:	5
Not Indicated:	3

It is also interesting to note that all groups, except the fourth, rank ordered objectives being met, simulation and feedback as more important than problems experienced by program planners. This suggests a greater readiness of these groups to move toward solution of problems involved in C.E.

Review of programs developed during simulation are of interest (See Table XI). There is evident difficulty in stating behavioral objectives, in identifying methods appropriate to content developed, and in identifying methods of evaluation. This again supports the findings of data collected in F.R.M.P. #189A on program review.

FINDINGS AND RECOMMENDATIONS:

A. FINDINGS

1. The objectives of the program were met, but the degree to which they were met varied for each subgroup.

2. Participant presentiment can definitely affect the outcome of a program.

3. Simulation is a technique which can be successsfully used to develop skill in planning C.E. programs.

4. With large groups, peer review can be an effective means of evaluating a group assignment.

5. Direct mailing for conferences of this type to the individuals who carry responsibility for C.E. seems more effective than inclusion in the professional newsletter. (Only 19.38% of participants responded to The Florida Nurse.)

6. Some academic institutions have difficulty in providing facilities for C.E. during regular college hours, and some experience problems in providing flexible seating appropriate to adult education.

7. Distribution of participants by area of practice indicates the program drew a wide response. Of concern were the few from the University who participated. This is disturbing since the profession is looking increasingly toward nurse faculty in academia for leadership.

8. Participants have difficulty in writing specific behavioral or performance objectives.

9. Consequently, it was difficult for the participants to select appropriate content and methodology and suitable evaluation devices to measure changes which might be attributed to the conferences.

10. While there was some reluctance by participants to serve as resource persons to peers, it is evident that those attending the conferences were eager to work cooperatively to advance C.E. for the R.N. in Florida.

11. Evaluation of C.E. programs is a difficult process and requires both subjective and objective measures with particular emphasis upon performance when a participant returns to the job.

B. Recommendations.

1. Further experience on the nature of adult education should be offered via non-credit short-term C.E. programs, preferably in the academic setting, to program planners.

2. Work conferences on techniques of evaluation in C.E. should be offered on a Statewide basis.

3. C.E. program planners should strengthen their efforts to involve local nurses as consultants and speakers in C.E. programs offered.

4. More flexible classroom space should be provided in academic settings.

5. Specific short-term C.E. programs should be offered within the academic setting on Inservice Education, e.g. its nature, objectives, areas of concern, methods, evaluation and specific job responsibilities.

7.4 COMPARISON OF 1974 PROGRAMS AS TO CONTENT, AREA OF PRACTICE, AND METHODOLOGY WITH THOSE OF 1973.

Upon the recommendation of the Expert Study Group, data were collected during the project which permitted comparison with data collected in 1973. No modification could be made in the structure of data collection hence the problem of a policy of giving retroactive recognition to C.E. programs was accepted as a limitation in interpreting the data.

The histograms which follow indicate a modest increase in CE programs in most areas.

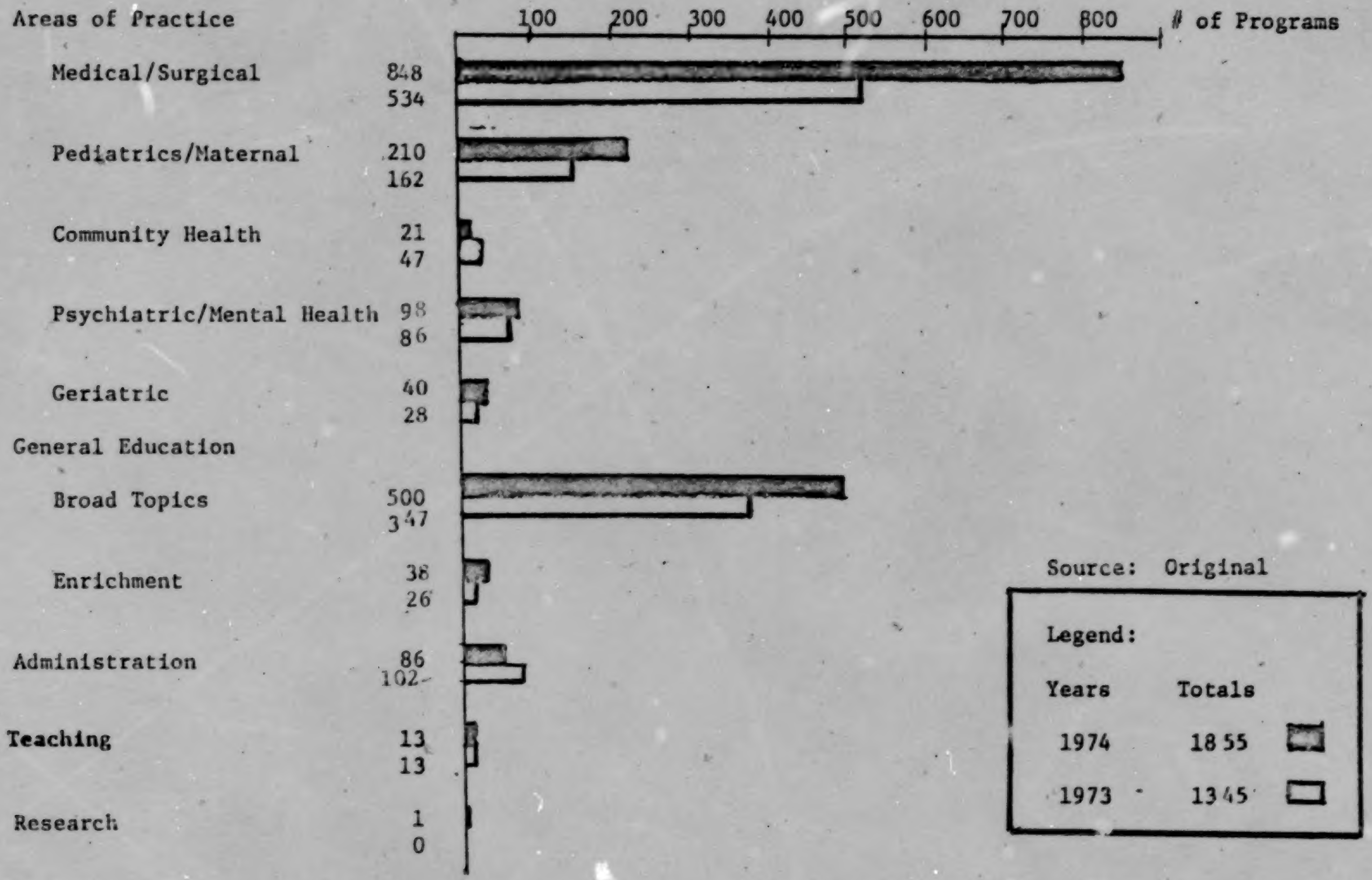
Of concern continues to be the relatively few programs sponsored by the colleges and universities. In part, this may be due to the recent economic recession which severely limited the time which School of Nursing Faculty could spend in extra curricular activities.

While all regions increased program efforts, Region IV had the greatest increase.

The increase in programs in all areas may be attributed to two factors: 1) the increase in the number of local task forces; and 2) the increased involvement in requests by FNA members that programs be submitted for recognition.

HISTOGRAM #I

Gross Analysis of Programs Processed by F.N.A.
(Comparison between Gross Programs Granted CEU's from Jan.1, 1974 to Dec.31, 1974, as of March 9, 1975, and from Jan.1, 1973 to Dec. 31, 1973, as of March 9, 1975*)

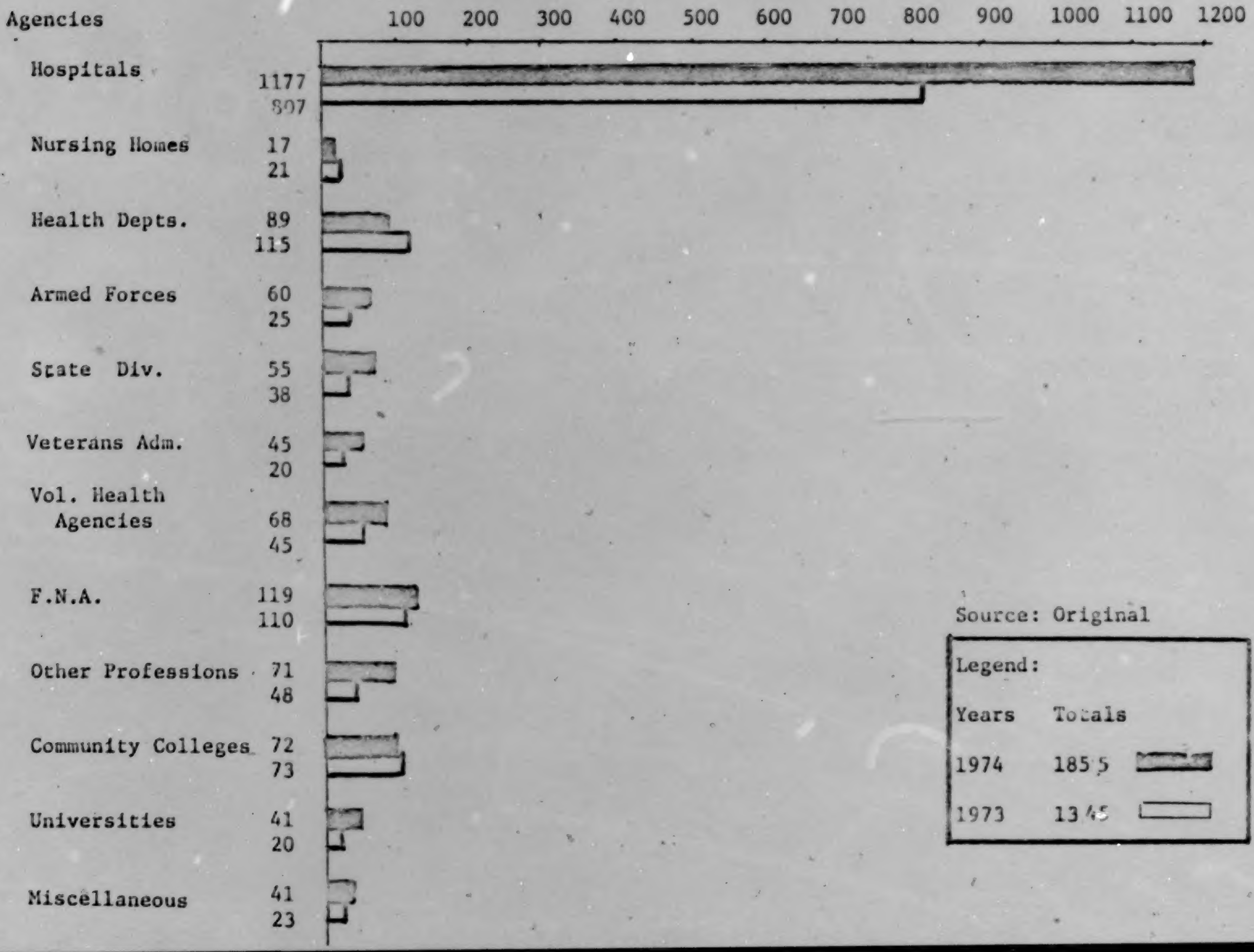


Source: Original

* March 9,1975 is an arbitarily selected date to allow for a justifiable comparison. Because of the current policy of recording retroactive, these figures are constantly being updated.

HISTOGRAM #II

Analysis of Programs Granted Recognition by F.N.A.
(Comparison Between Gross Programs Granted CEU's By Sponsorship from Jan.1, 1974 to Dec. 31, 1974, as of March 9, 1975, and From Jan. 1, 1973 to Dec. 31, 1973, as of March 9, 1975.)



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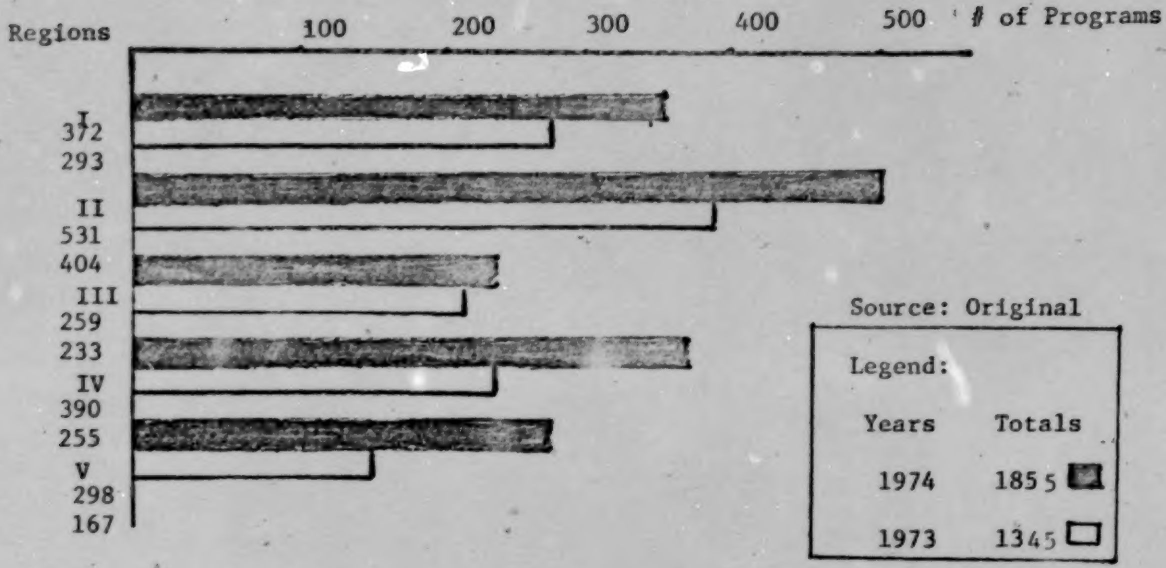
HISTOGRAM #III

Gross Distribution of Programs By Regions



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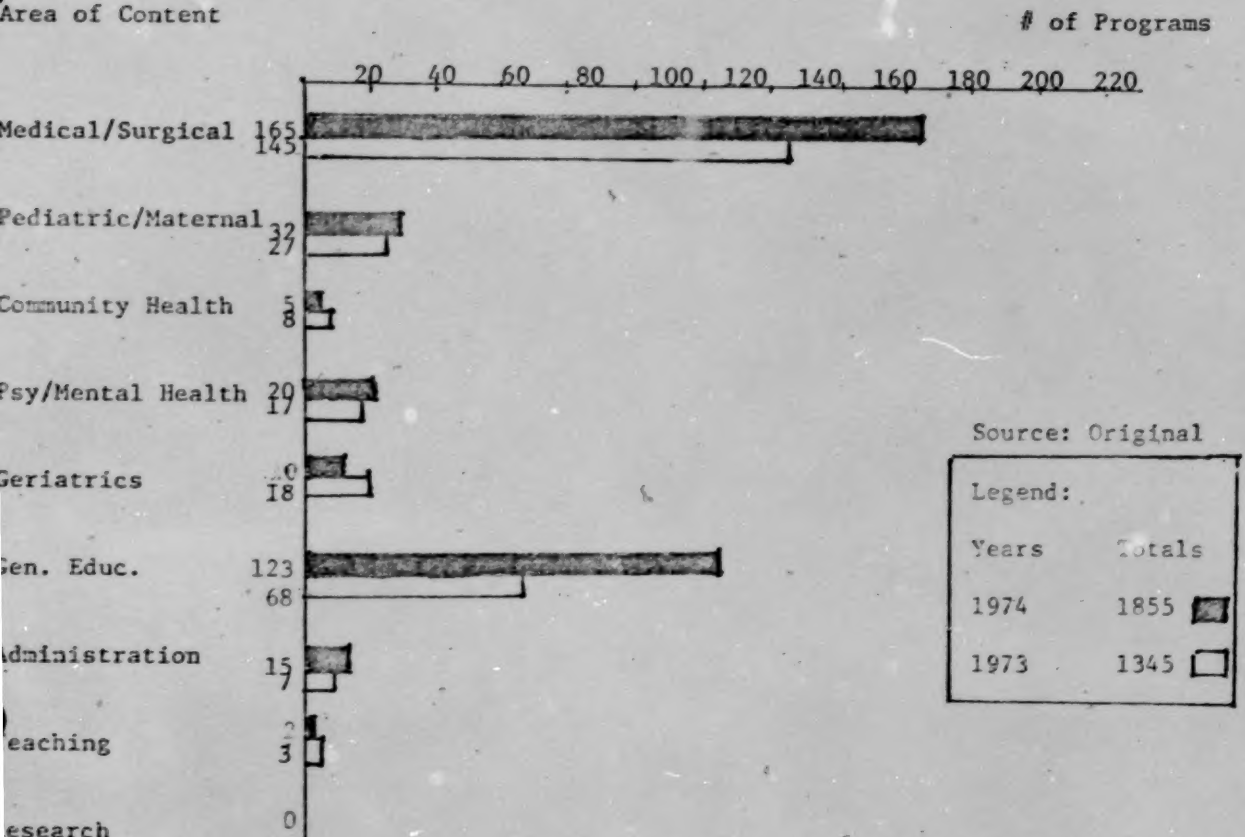
HISTOGRAM #IV

Gross Distribution of Programs By Content
Region I



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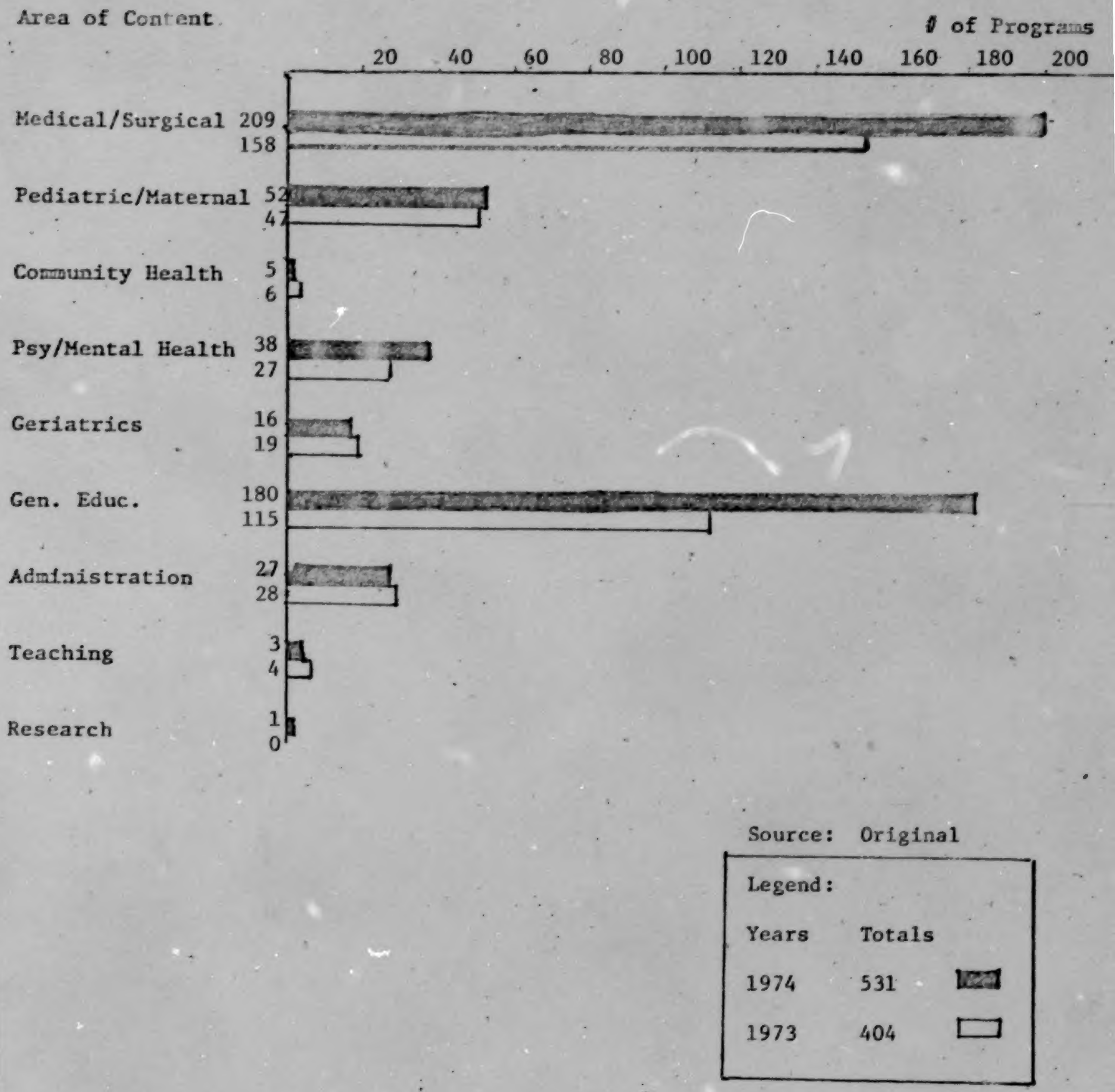
HISTOGRAM # V

Gross Distribution of Programs By Content
Region II



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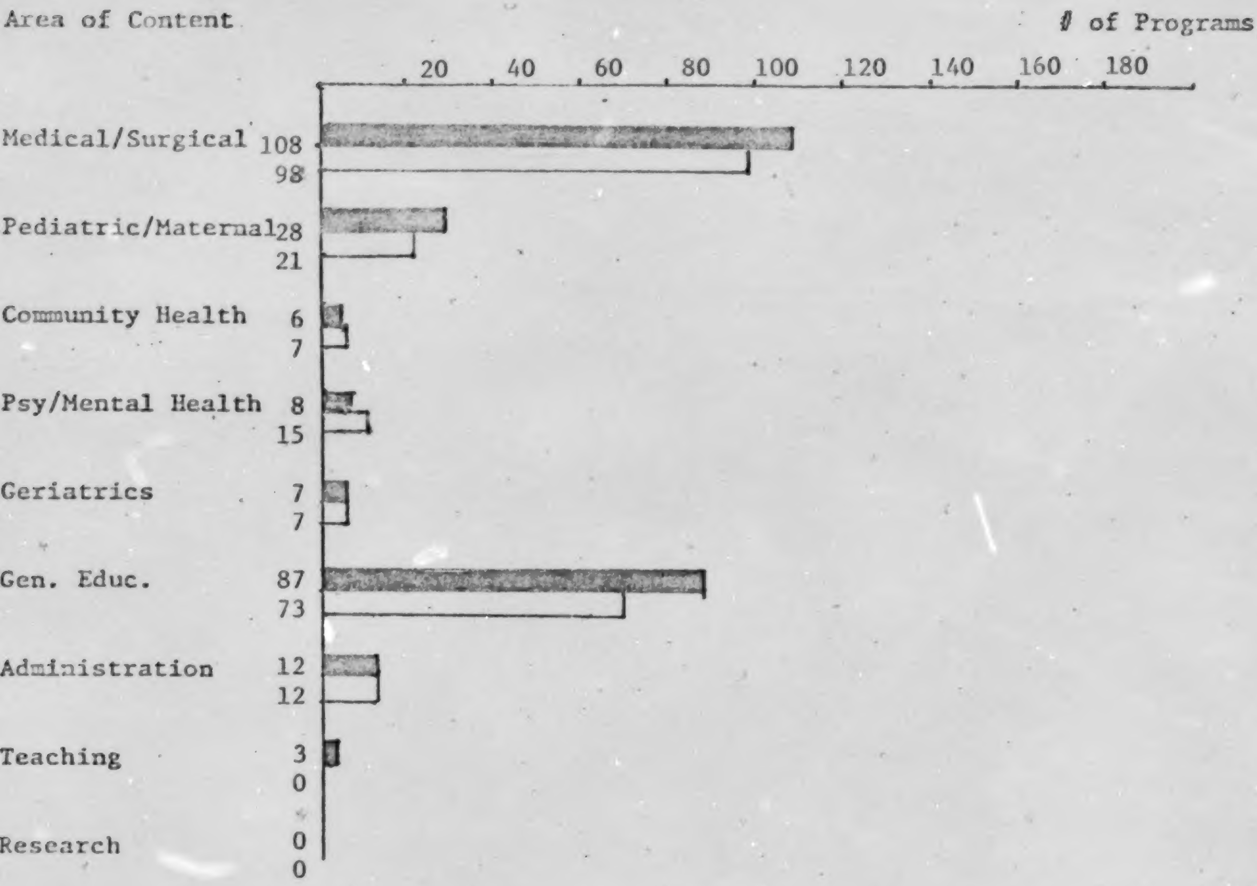
HISTOGRAM # VI

Gross Distribution of Programs By Content
Region III



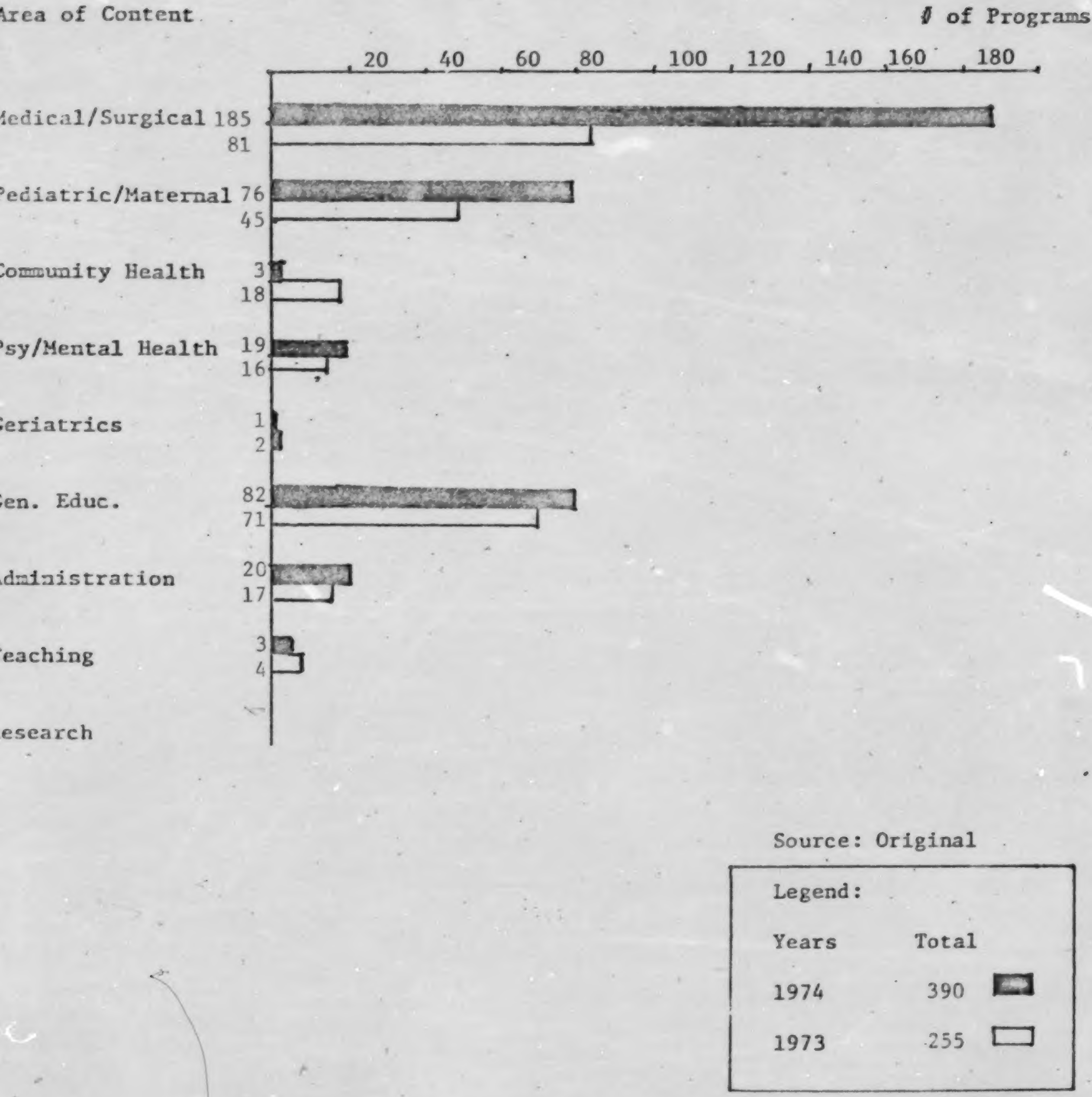
Source: Original

Legend:

Years	Total	
1974	259	▨
1973	233	☐

HISTOGRAM # VII

Gross Distribution of Programs By Content
Region IV



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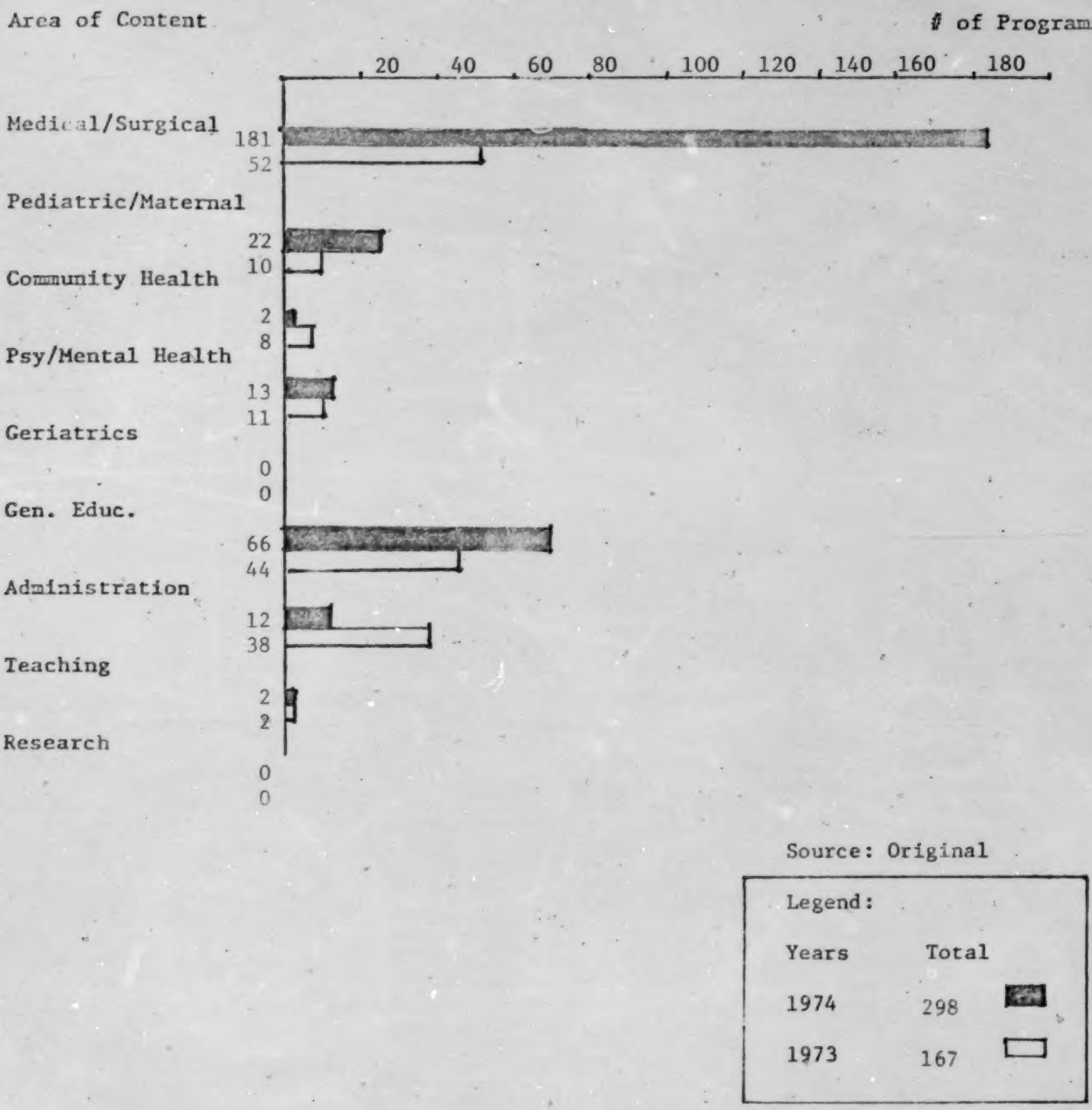
HISTOGRAM # VIII

Gross Distribution of Programs By Content
Region V



Source: Original

TABLE XII

COMPARISON OF PROGRAMS REVIEWED
March 11 - April 30, 1974 and
March 11 - April 30, 1975

		'74*	'75*
I	Behavioral objectives and content related to nursing care	210	339
II	Methodology stated	111	127
III	Nurse qualified	109	286
	Non-nurse qualified	109	103
IV	Audience:		
	Professional health	27	44
	RN's	136	214
	RN - LPN	49	63
	All allied health	34	18
V	Evaluation tool	69	73
VI	Total	854	1217
	Pending	21	19
	Not approved	7	5

*Number of programs.

CONTENT

I	General Education	125	124
II	Medical Surgical	98	101
III	Pediatrics/Maternal	24	35
IC	Community health	13	17
VI	Gerontology	2	8
VII	Administration	5	5
VIII	Teaching	5	5
	TOTAL	297	318

REFERENCES

1. A System of Continuing Education for the Registered Nurse in Florida - A Situational Analysis. Chapter 4, pp. 26-44. Florida Regional Medical Program Grant #189, Feb.-June 1974.

2. Complete study with supporting data, methodology and findings are available at the Project Office.

3. Rogers, Carl. Freedom To Learn. Columbus, Ohio, E. Merril, 1969, p. 162.

4. Benjamin, Jowett (Trans.). The Dialogues of Plato. Oxford, Eng., Clavendon, Vol. 4, p. 209.

5. McKenzie, L. Simulation Games and Adult Education. Adult Leadership, March 1974, p. 295.

6. Ibid. p. 293.

7. Ibid. pp. 293-295.

8. Knowles, Malcolm S. The Modern Practice of Adult Education: Androgyny versus Pedagogy. New York, Associate Press, 1970, p. 40.

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CHAPTER VIII

8. PROGRAM PROTOCOL AND THE TRANSCRIPT MECHANISM - THE MODEL

8.1 STUDY DESIGN - PHASE I

The purpose of this portion of the study was to appraise and recommend improvements to the mechanisms used for review of CE programs and the recording of nurse participation in such programs. Efforts were focused on the voluntary program of the FNA since there was, at that time, no existing or planned mandatory requirement.

The study was designed in two phases. Phase I was to describe and analyze the current FNA system and specify requirements for a future system. Phase II, following approval of Phase I requirements, was to provide detailed specifications for implementing the future system. Unforeseen events were to significantly alter both phases.

For Phase I, data were gathered on the FNA CE Program through interviews with program personnel, direct observation of records and procedures, and through review of existing documentation. Secondary research was also conducted on CE in general and for nurses in particular.

The methodology used was to reduce the current system to paper to facilitate analysis, identify unmet system objectives and/or potential improvements, and specify the design parameters for a future system.

8.2 CONDUCT OF STUDY - PHASE I

The full cooperation of program personnel eased the task of studying the FNA CE Program mechanism. Two major activities were identified: providing CE program review and providing nurse participation records. The overall system is shown in Figure 25 and the flow for each activity is shown in Figures 26 and 27 .

In the course of the study it became clear that there was considerable uncertainty over the objectives of the CE program. Should non-FNA members be included? What constitutes CE? What is the purpose of the transcript? These and other goal questions delayed the specification of requirements for a future system.

Accordingly, Phase I was modified to study the factors contributing to the uncertainty over objectives and to survey possible alternative programs.

A variety of factors were seen as influential: the possibility of mandatory CE, cost of CE record keeping, newness of CE programs within the profession, lack of national consensus on CE programs, and still evolving roles of interested groups including hospitals, colleges and universities, State Board of Nursing, FNA, and others.

Research on CE programs in other medical professions and other state nursing associations led to a taxonomy of possible voluntary programs.

Type A - Separate Organization: Solely a CE organization. Examples are the American Academy of General Practice and the Academy of General Dentistry.

Type B - CE Required of Members: The FNA could make CE mandatory for its membership.

Type C - Separate Membership Category: The American Dietetic Association has a separate classification, "Registered Dietitian," for those who meet CE requirements.

Type D - Create CE Award: Grant an award to those who meet CE standards.

Within Type D above, four different systems are used by various state nursing associations. These are:

System 1 - Nurse Association Degree: Limited to formal programs, this system includes program review, participation verification, and awarding of a certificate. It is recommended by the ANA and is the most popular.

System 2 - CE Data Bank: Same as System 1 but without standards for nurse participation, hence no certificates are awarded.

System 3 - Professional Development Award: Same as System 1 plus standards and recognition for nursing practice and participation in professional organizations. Currently used by FNA.

System 4 - Seal of Program Approval: Limited to program review. No participation records are kept.

Phase I ended in December, 1974. From this study, several conclusions were drawn and recommendations made.

8.3 CONCLUSIONS - PHASE I

Certainly beneficial to the profession and individuals involved, CE programs have not been accepted by the general public as assurance of accountability for competence. Such assurance derives fundamentally from the quality of the end result--the service rendered.

The standards used for the approval of CE programs and the manner in which those standards are applied become the determinants of the educational reputation of the organization reviewing programs.

The most reliable proof of participation in a CE program is sponsor verification.

The CEU, like the credit hour, is a measure of quantity and not quality.

8.4 RECOMMENDATIONS - PHASE I

Make a policy decision on the degree to which the FNA will remain involved in CE for the RN in Florida.

Develop procedures for sponsor approval in addition to program approval.

Program and sponsor approval should be done by an ad hoc committee of the FNA Committee on Nursing Education.

All programs receiving advance approval should be published in the monthly FNA bulletin.

Delete the use of Professional Recognition Points (PRP's).

Award certificates only to those who meet established standards.

8.5 STUDY DESIGN - PHASE II

At the April, 1975 FRMP site visit, impending legislation making CE mandatory for relicensure was discussed. Considered remote in the past, it now appeared highly probable. Should such legislation be passed (it was passed effective in 1980) the task of program approval and record keeping would fall to the State Board of Nursing. Further, it would encompass all RN's, not just FNA members, plus all LPN's.

In view of this development, Phase II was redirected in April, 1975 to assume that mandatory CE would be implemented by the State Board of Nursing no later than 1980. Due to the short time available for study, Phase II would be limited to a review of other Florida State Boards already having mandatory CE.

8.6 CONDUCT OF STUDY - PHASE II

Research of State Laws and State Board Regulations plus interviews with State Board personnel disclosed that eight State Boards currently required CE for relicensure:

Accountancy
Chiropractic Examiners
Optometrists
Pharmacy
Naturopathic Examiners
Dispensing Opticians
Osteopathic Medical Examiners
Nursing Home Administrators

All perform the basic functions of program review and verification of participation. Most do this manually; Osteopathic Medical Examiners and Accountancy are developing computerized systems. The largest group is Pharmacy with 7,000 licensees. All have an annual review cycle except Accountancy which has a three year cycle.

Most of these State Boards have a relatively simple task since the CE requirement is met through attendance at special sessions of state conventions. Accountancy, which began mandatory CE in 1974, most closely parallels nursing in the heterogeneity of practice and program offerings.

To date the experience of the State Board of Accountancy is similar to that of the FNA. Programs are reviewed by one person against general criteria (this person recommends approval/disapproval to a committee which meets about every six weeks). Few programs are rejected: 25 out of 590 in 1974. Individuals submit erroneous data: 4% of the 1974 participant submissions showed discrepencies between the State Board record and the corresponding individual's record.

Nationally, accountants are experiencing variations in mandatory CE requirements comparable to the diversity of voluntary CE programs among State Nursing Associations. Of the 14 states having mandatory CE laws for accountants, no two are the same. Differences include the number of hours, cycle time, program standards, recognition of teaching and self-study, applicability to non-residents, and reciprocity.

8.7 CONCLUSIONS - PHASE II

It is clear that there is still a lack of consensus on a national level in nursing and other professions regarding the proper use of CE programs. Further, it is unlikely that such a consensus will evolve by 1980.

Mandatory CE for RN's and LPN's will place the responsibility for program approval and verification of nurse participation with the State Board of Nursing.

The volume of transactions and data processing required for mandatory CE will make computer processing more economical than manual processing.

FNA experience with CE record processing will prove valuable in the system design for mandatory CE.

There will be a need for a temporary license issued to nurses failing to comply with CE regulations to allow time for appeals.

8.8 RECOMMENDATIONS - PHASE II

The State Board of Nursing should develop a CE philosophy and, based on this philosophy, develop a separate regulation for CE.

The FNA should continue its voluntary CE program through 1978 after which it should be dropped. Continuation of the program will provide a vehicle for experimentation on methods and procedures.

The FNA should develop procedures for sponsor approval in addition to program approval.

The State Board of Nursing should survey RN's and LPN's, in conjunction with relicensure, regarding CE availability, attitude toward mandatory CE, opinion on reciprocity and non-residents, and acceptable CE subject matter.

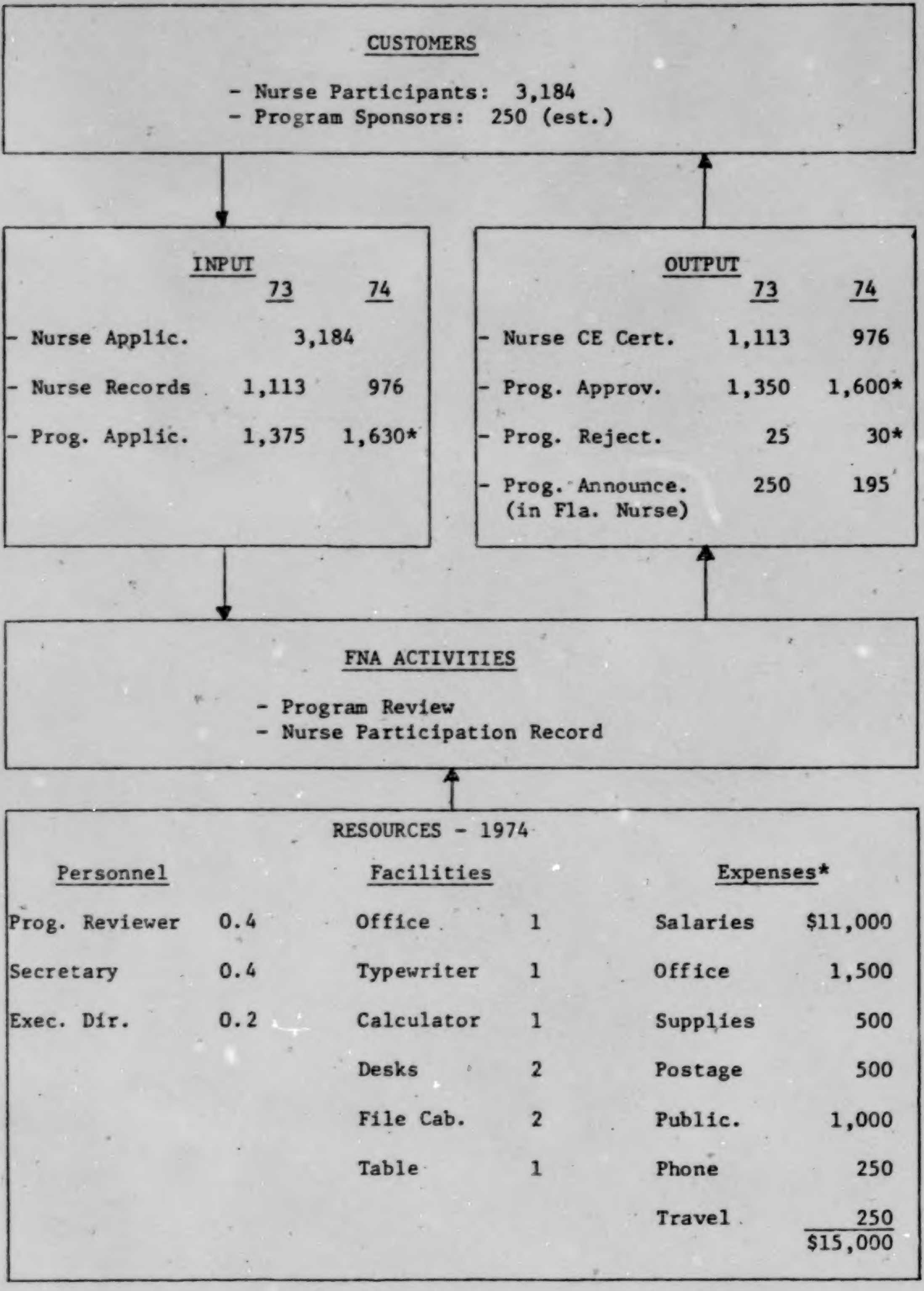
The State Board of Nursing should monitor progress in the development of computerized processing by the State Board of Accountancy.

The following sequence of events should take place leading to implementation of mandatory CE in 1979 (for 1980 relicensure):

- develop CE philosophy
- develop State Board of Nursing regulation
- perform system study for computer record processing
- develop processing system
- conduct pilot test of system
- implement system.

FIGURE 25

FNA Continuing Education Recognition Program



CUSTOMERS

- Nurse Participants: 3,184
- Program Sponsors: 250 (est.)

INPUT

	73	74
- Nurse Applic.	3,184	
- Nurse Records	1,113	976
- Prog. Applic.	1,375	1,630*

OUTPUT

	73	74
- Nurse CE Cert.	1,113	976
- Prog. Approv.	1,350	1,600*
- Prog. Reject.	25	30*
- Prog. Announce. (in Fla. Nurse)	250	195

FNA ACTIVITIES

- Program Review
- Nurse Participation Record

RESOURCES - 1974

Personnel		Facilities		Expenses*	
Prog. Reviewer	0.4	Office	1	Salaries	$11,000
Secretary	0.4	Typewriter	1	Office	1,500
Exec. Dir.	0.2	Calculator	1	Supplies	500
		Desks	2	Postage	500
		File Cab.	2	Public.	1,000
		Table	1	Phone	250
				Travel	250
					$15,000

*Estimated.

FIGURE 26

Program Review Activity Flow

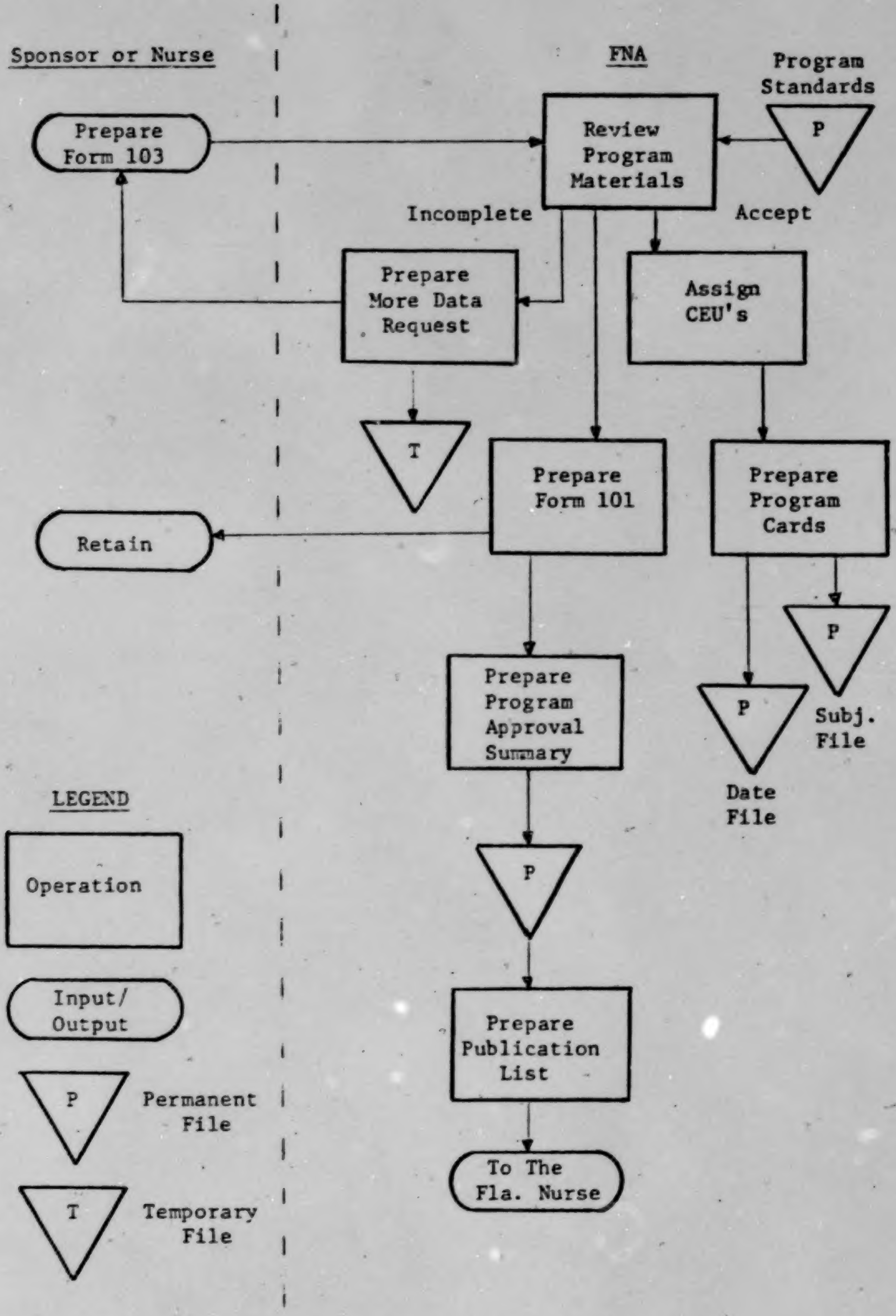
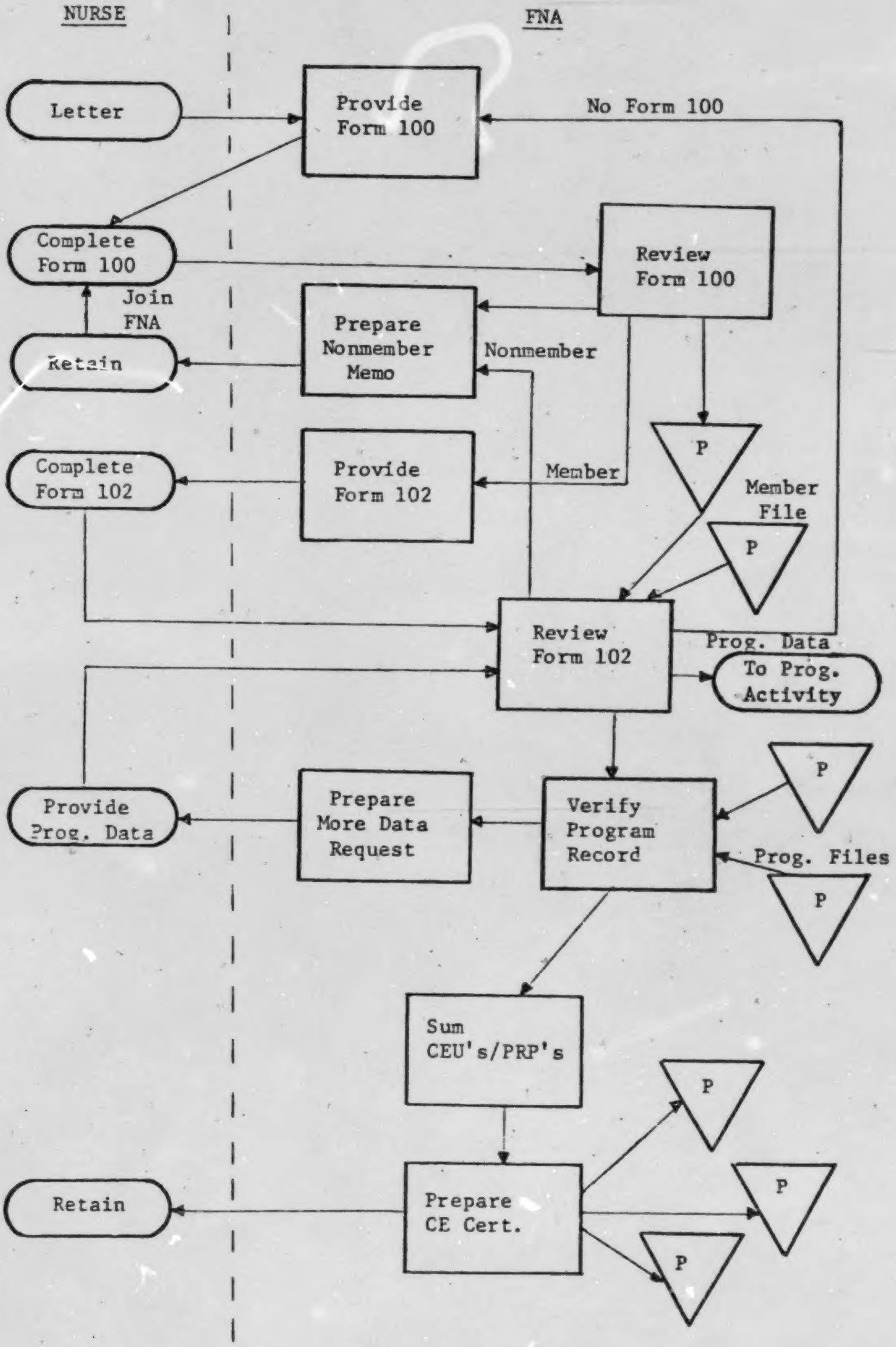


FIGURE 27

Nurse Record Activity Flow



CHAPTER IX

THE ROLE OF THE FLORIDA STATE BOARD OF NURSING IN CONTINUING EDUCATION

9.1 INTRODUCTION

In preparing any model for a statewide system of C.E. for the R.N., consideration must be given to the role of the official subsystem. The Florida State Board of Nursing is the legally authorized group which is charged with "the responsibility for safeguarding life and health through registration of the practice of nursing by any person or persons who practice or offers to practice for hire or gain." 1/, (Appendix item 14).

This chapter describes the agency with special reference to its role in Continuing Education; outlines the role and responsibility of the coordinator of C.E.; discusses the Board's efforts undertaken to promote C.E. within the State; outlines some of the problems encountered; shows findings and offers recommendations for assuring that a C.E. system within the State takes into account the important function of this Board.

9.2 PRESENT ROLE AND STRUCTURE

The Board is a legally constitued body of seven members (5 R.N.s and 2 L.P.N.s) appointed by the Governor for 4 year terms to carry out its functions.

It currently consists of 4 units; 1) an Administrative unit; 2) a Nursing Education unit; 3) a Licensing and Investigation unit; and 4) a Continuing Education unit. 2/

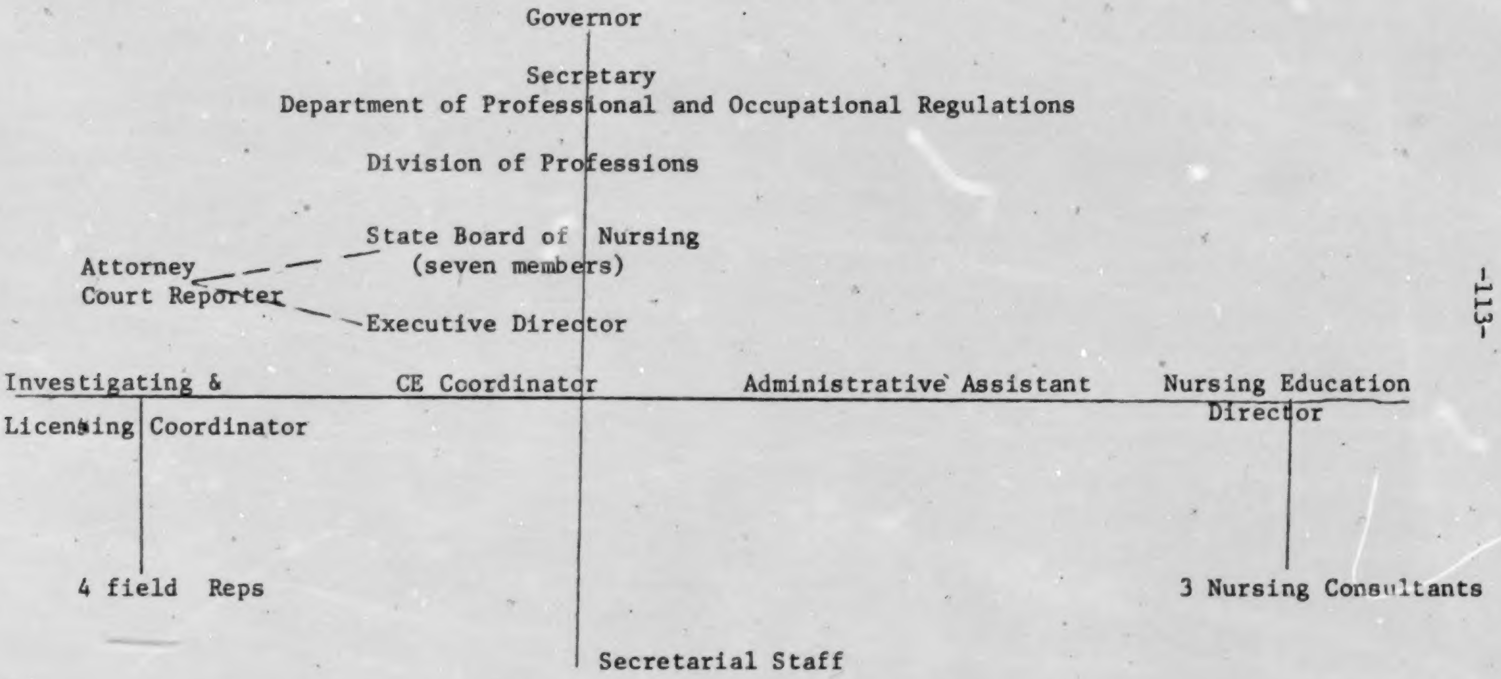
The present organizational chart is shown in Figure 28 .

By definition, of its rules and regulations the Continuing Education unit is

> "... under the direction of the Continuing Education Coordinator. It shall be the responsibility of the continuing education unit to assist health care facilities and other groups to plan, implement, and evaluate inservice and continuing education programs for nurses; to promote a coordinated State wide system of continuing education for nurses; to initiate and coordinate research to determine current competency of nurse practitioners; to plan and conduct continuing education programs to upgrade the knowledge and skills of nurses." 3/

Figure # 38

FLORIDA STATE BOARD OF NURSING - ORGANIZATIONAL CHART



Hence the activities carried out under this unit are in the nature of consultation, and cooperation with other official and professional groups which promote nurse competency via the mechanism of C.E.

The Board employs a qualified nurse consultant to carry out these activities. During both phases of the F.R.M.P. #189, the consultant worked closely with the project Coordinator to develop and strengthen her role which is described next.

9.3 THE ROLE AND RESPONSIBILITIES OF THE STATE CONSULTANT ON C.E.

The Board is fortunate to have hired Mrs. Judie K. Moorhead, R.N., as Consultant in Continuing Education. Her enthusiasm, educational preparation and commitment to C.E. have resulted in constant efforts to increase cooperation and communication at all levels within the state.

In her current position she serves as a facilitator of C.E.; as an initiator of means for cross disciplinary investigation of extended practice roles; and as a "bell ringer" of trends which may require legislative action to protect the safety of the consumer in the area of health and illness as they relate to the nurse practitioner. (see appendix 15 for current job description.)

The scope of her responsibilities and the Board's mandate to be involved with C.E. for nursing personnel would logically be expected to result in close cooperation with the State Department of Education and its institutions of higher learning. These are the official structures which are charged with meeting the C.E. needs of Florida's citizens.

Unfortunately there has been limited involvement of the Board of Education and its institutions in C.E.for the R.N. Factors which have influenced this involvement include:

1. Lack of a formal channel between the Boards of Education, and Nursing for identification of need and implementation of a statewide approach to meeting the needs.
2. Lack of authority within the Board of Education to gain compliance of institutions of higher learning in C.E. for the R.N.
3. Limitation of funds for employment of adequate numbers of nurse faculty who carry major responsibility for C.E.

Meetings between the Board of Nursing's Consultant and the Nurse Consultants employed by the Department of Education only seem to emphasize the heavy work load which is carried by these Consultants and the difficulties which they are currently undergoing in trying to promote opportunities for C.E. for the R.N. Thus despite their genuine belief in C.E. and their wish to become more involved, their input is limited.

Therefore the Board of Nursing's Consultant on C.E. must place heavy reliance upon professional groups for identification of needs and for the offering of programs. The two primary groups upon which she depends are the Florida Nurses Association and the Statewide Task Force on Continuing Education --- both of which are voluntary groups.

In the case of the professional organization, excellent efforts have been made to give recognition to advanced level C.E. programs. (see Chapter VII of this report.) In addition high quality programs on health trends, clinical nursing, problems of management are sponsored by the Florida Nurses Association on a Statewide basis. At the local level, the Florida District Nurses Associations offer C.E. programs but the quality and quantity of the programs vary.

For its part, the Statewide Task Force has offered C.E. programs at least once yearly and its formation has resulted in regional or local Task Force groups which now cover a large part of the state. These groups have been quite responsive to local C.E. needs and to the degree that its members have time, energy, and funds, the groups have made a major contribution to advancing the state of C.E. (see appendix 16 for listing of Task Force groups).

However, it can be demonstrated that not all areas of the state have available appropriate C.E. for the R.N. --- a condition which must be faced if the provision of requiring evidence of C.E. for relicensure becomes law. There are also other major problems.

9.4 PROBLEMS TO BE RESOLVED BEFORE MANDATORY C.E. FOR RELICENSURE BECOMES LAW

One can define the problems which the State Board will face by returning to the definition of C.E. as currently espoused in the literature.

> "Continuing education in nursing consists of planned learning experiences beyond a basic nursing education program. These experiences are designed to promote the development of knowledge, skills and attitudes for enhancement of nursing practice, thus improving health care to the public." 4/

The key words in this definition are:

planned learning experiences
beyond basic
knowledge
skill
attitude
enhance practice
improving health care
public.

Hence any mandated involvement of the Board of Nursing will require:

- delineation of the Board's position regarding C.E., i.e. facilitator, implementor, monitor.
- determination of policies and procedures re:

    advanced level content
    expected learner behavior
    performance measures for evaluating impact of programs offered
    appropriate methodologies
    monitoring of quality and quantity of programs
    monitoring of participation in C.E. by educators, by learners, by institutions.

- promulgating these throughout the state
- publication of hard data re learner needs and educational resources which can be used by local and regional groups in program planning.

9.5 FINDINGS AND RECOMMENDATIONS

Resolution of the problems outlined appear to depend upon:

1. establishing a state-level mechanism which would coordinate official and professional groups concerned with C.E. for the R.N.
2. identification and prioritization of problems so that when the mandatory requirement becomes effective a smooth transition can be accomplished from voluntary compliance to the rules established by the Board.
3. establishment of appropriate ad hoc groups to investigate the problems identified and make recommendations to the Board.
4. desseminate the Board's short and long range goals and activities to be undertaken both horizontally and vertically within the state to all groups involved in C.E.
5. monitoring of C.E. movements via
    -annual licensing forms and survey
    -annual meetings with Task Force and District Nurses Association groups
    -periodic update of C.E. needs and resources.

6. encouraging appropriate legislation for assuring quality C.E.

7. encouraging development of regional Task Forces and Consortia of several Task Force groups so all areas of the state are covered.

The specific steps which it would seem advisable for the Board to undertake include the following:

1. appointment of an Advisory Committee which will provide for input from decision makers in official and professional groups concerned with nursing and nursing education.

2. development of a position paper in which the Board's responsibilities are delineated and in which the role of other groups are spelled out.

3. acceptance of standards for C.E. for the R.N.

4. decisions as to how programs will be recognized, i.e. sponsor approval and/or individual program approval.

5. development of a transcript mechanism.

6. development of a five year calendar to implement plan and also provide a feedback mechanism to those at the "grass roots" level.

Such a timetable is found in Figure 29.

TIME TABLE FOR IMPLEMENTATION OF MANDATORY CONTINUING EDUCATION

1975	1976	1977	1978	1979	1980
July - December	Detailed Work of ←Ad→ Hoc Committees	Pretest of transcript and approval mechanism	Public Hearings Adoption of Revised Rules and Regulations	Begin Implementation Collect Hours ←→	January Renewal Based on Continuing Education Hours

Appoint Advisory Committee

Rough Draft of Rules & Regulations

MAJOR STEPS

1.) Develop Position Statement of What is to be required and why with objectives
2.) Systems Design (Analyst)
3.) Computer Program
4.) Implementation

AD HOC COMMITTEES

1.) Process (mechanics)	Representatives ie. Registrees, Hospitals (Large Small), Public Health agencies (Large Small)
2.) Product (content)	ie. R.N. Specialists

WHG/JM

6/2/75

Chapter 9

References

1/ Rules and Regulations of Florida State Board of Nursing. Jacksonville, Fla. Chapter 210 - 6.02

2/ Ibid. Chapter 210- 6.03

3/ Ibid. Chapter 210 - 6.03 C

4/ Griffin, Winifred H. A SYSTEM OF CONTINUING EDUCATION FOR THE NURSE IN FLORIDA. A Situational Analysis. Orlando, Fla.: FNA, 1975, Reprint,

CHAPTER X

A REGIONAL CONSORTIUM AS A UNIT OF A STATEWIDE C.E. NETWORK

10.0 INTRODUCTION.

Operational Objective No. 7.0 of F.R.M.P. #189B required the Project Coordinator:

> "To develop and test a regional model system for continuing education for nurses."

At its December 12th meeting, the Project Advisory Committee recommended that F.N.A. Region II be selected as the area for developing and testing a C.E. unit for the R.N.

This chapter describes:

1. The consortium in education;
2. Protocol for testing the F.N.A. Region II Consortium; and
3. Conclusions and recommendations.

Also included are a timetable and flow chart used to guide development of this phase of F.R.M.P. #189B.

10.1 THE CONSORTIUM IN EDUCATION.

Definition of Terms.

Dictionary definitions of the concept "consortium" are revealing, e.g.

A. Random House Dictionary of English Language: "A combination of financial institutions, capitalists, etc. for carrying into effect some financial operations, requiring large resources of capital."

B. Webster's 3rd International Dictionary, Unabridged: "An international business or banking agreement or combination. An association, fellowship, club or society."

These definitions suggest an arrangement among organized groups which share a common goal concerned with money. A goal which the individual organization would find difficult to carry out by itself.

The adaptation of a monetary concept into education first occurred in the 1920s, but became popular in 1958. While many types of cooperative arrangements exist, Johnson 1/ suggests that probably only fifty (50) or more, as of 1971, meet the following definition:

> "A voluntary combination of three or more higher education institutions for the joint attainment of one or more mutually desired objectives through formal machinery." [2]

What do these fifty or more "true" consortia hold in common?

CHARACTERISTICS OF A CONSORTIUM.

Based upon an analysis of existing consortia, Johnson believes such organizations share the following characteristics:

1. Special officers;
2. A representative policy-making body;
3. A separate budget;
4. Authority to sustain and extend itself as a new coporate entity; and
5. Common programs distinct from those of the constituent members.[3]

Johnson concludes that all "true" consortia have a necessary mutuality of interest and a commitment to the achievement of some kind of strength and completeness, which institutional autonomy cannot readily supply. "All, in a sense, are struggling to combat problems of scale, however different the scale may be from one institution to another."[4]

The spread of the concept has now reached many types of groups concerned with education, e.g. of professionals, of technical workers, of groups concerned with minimized fiscal drain upon education and/or service groups.

Johnson is able to document some apparent strengths and limitations as revealed by success or failure of groups who chose the "consortium" concept to resolve mutual problems.

STRENGTHS AND LIMITATIONS OF CONSORTIUM CONCEPT.

Johnson believes that the strengths of attacking mutually shared problems through a consortium model are essentially an expanded identity of the individual organization and the sharing of risk in the undertaking of an education experience. Specific strengths, which he cites, include:

1. An increased dimension in cooperation;
2. Greater resources of people, facilities, etc.;
3. More status when issues are presented;

4. The ability to attract more financial aid (as evidenced by foundation and federal support); and
5. The ability to assist the knowledge networks in dissemination of pertinent information.5/

Limitations experienced include:

1. The problem of power - It is only derived or delegated.
2. The internal machinery and governing process is often cumbersome and complex in proportion to the task.
3. It is frequently difficult to assure just representation of all members and diverse interests.
4. Difficulty in communication within a large consortium.
5. Difficulty in attracting creative minds,when they are not members of consortium groups.
6. The new approaches developed tend to apply only to new programs.
7. The consortium has to fight for recognition as a vital group when competing with the already established groups.
8. The executive leader is removed from academic life and tends to experience a loss of identity.6/

Johnson concludes that a consortium is "not at its best in saving money, but may be at its best in attracting money."7/

What then might be the potential for using the "consortium" concept as a model for assuring an articulated system of C.E. for the R.N. in Florida?

10.2 PROTOCOL FOR TESTING A CONSORTIUM MODEL.

Questions Relevant To Translation Of Consortium Concept To F.R.M.P. #189B.

A number of questions can be raised concerning use of the consortium model as a mechanism for developing an articulated system of C.E. for the R.N. in Florida, e.g.

1. Do groups concerned with delivery of health care view C.E. of the R.N. as vital to both quantity and quality of patient care?

2. To what degree is there agreement as to the goals of C.E. for the R.N. among the providers of health care?

3. Are official, professional, voluntary, proprietary and non-profit groups ready to delegate authority for decision-making re: policy and procedures which goven C.E. for the R.N. to an independent group?

4. Are these groups willing and able to financially support an independent corporation which will require a full-time staff necessary to carry out needed programs?

5. Are these groups willing to abide by decisions derived from projects, research or actions taken by consortium?

6. What type of cooperative educational structures already exist within the State of Florida?

7. To what degree do these groups meet characteristics of a consortium, as defined in this paper?

8. Would it be possible to adapt the existing groups into the consortium model?

9. Would this lead to an articulated system which would possess the elements and processes required (as stated in F.R.M.P. #189A report, pp. 6-8)?

Some answers to these questions can be found in the literature, in data collected for #189A and B, and from analysis of existing cooperative educational arrangements for C.E. for R.N.s within Florida.

From the Literature.

The three (3) major groups at the national level concerned with C.E. for the R.N are the American Nurses' Association, the American Medical Association and the American Hospital Association.

The position of the ANA is reported in Standards for Continuing Education in Nursing.8/ Essentially, the focus for C.E., as viewed at the national level, is development of advanced level competencies through either credit or non-credit adult education experiences. Interdisciplinary cooperation has been repeatedly advocated as vital to improved patient care. However, the Association believes that decisions, as to what constitutes appropriate preparation for practice, is the responsibility of the profession. In the triad of functions (clinical practitioner, educator and administrator), the Association increasingly stresses clinical expertise.

The medical profession has also sought to encourage collaboration among health professions with regard to C.E. An early effort was a landmark statement issued by the ANA Division on Maternal and Child Health Nursing Practice and the American Academy of Pediatrics.9/ The subsequent guidelines on short-term C.E. programs for pediatric nurse associates, set the pattern for pediatric nurse practitioners. However, when the pattern was carried out and these nurses began to function in health maintenance settings as independent practitioners, the Academy of Pediatrics withdrew its support. The medical profession then is ambivalent about the nurse functioning in an independent role and tends to view C.E. for the R.N. as a paternal prerogative.

The American Hospital Association, through its Hospital Research and Educational Trust, has recently published Agenda for Continuing Education.[10] This research report stresses the need for hospitals to seek alliance with the educational community via consortium models and reports on successful efforts in various states. If the report is read from the viewpoint of C.E. for the R.N., these efforts have tended to stress C.E. programs in management for the R.N. with less emphasis on the practitioner/teacher role.

In summary, then, consortium models have been tried by all three major groups concerned with C.E. for the R.N., but the focus for the efforts has been directed to the unique perceptions of each of the groups as to what the role of a R.N. is and should be. Hence, the decision to vest authority in any one of these raises boundary fighting problems.

Similar problems can be documented in collaborative efforts in Florida.

SOME DATA ON COLLABORATION IN FLORIDA.

Presently, there are sixty-one (61 known groups associated, either in a formal or informal manner, to advance C.E. for the R.N. in Florida. Among these are forty-two (42) districts of F.N.A., sub-groups of the State-wide Task Force (See #189A report, pp. 204-219) and already established consortia (JAHEP - Jacksonville Health Education Program) and the South Florida Health Manpower Consortium. In addition to these, one can add the thirteen (13) Comprehensive Health Planning Groups, six of which are federally funded. Some comments about these are appropriate when considering establishment of a consortium model.

The forty-two (42) F.N.A. districts have the potential for contribution to C.E. for the R.N. through their program committees. Since these are developed as a voluntary effort for the membership and no paid staff are available to carry out program details, the number and quality of the efforts vary widely. Some effort has been made to work collaboratively in the districts through interdisciplinary cooperation and co-sponsorship of programs, usually with the Community Colleges.

The twenty one (21) Task Force sub-groups are at various stages of development, and again while trying to cut across boundary lines and seek greater community involvement, are essentially voluntary efforts.

In an effort to understand more clearly how two established consortia have functioned re: C.E. for R.N.s, the writer visited both JAHEP and the South Florida Health Manpower Group.

Jacksonville Hospitals' Educational Program, Inc.

Dr. Michaels, Director of the Program, was most generous in sharing information about the role of the group in C.E. who have focused on medical education. Efforts to provide interdisciplinary programs have been successful for nurses and pharmacists, but appear to be less so with physicians. However, a series of programs for physicians alone who expected to take certification examinations in specialty areas, had an excellent attendance.

Dr. Michaels would like to work more closely with Dean Urey of the School of Nursing at the University of Florida to provide interdisciplinary advanced level C.E. for nurses and physicians. He sees this as vital to changing roles in health care and is hopeful that, with more B.S. graduate nurses in Jacksonville, joint collaboration may result.

Since Dr. Michaels is a Professor of Medicine at the University of Florida College of Medicine and, in addition, has a secretarial staff, he has authority, funds and status to provide a mechanism for quality C.E. programs.

South Florida Health Manpower Education Consortium.

This group grew out of a merger of a task force on C.E. for nursing (organized in 1971) and the South Florida District Council of the F.R.M.P. The consortium formalized in 1973 has three purposes:

1. To promote continuing education as a comprehensive long-range interdisciplinary program for allied health personnel to improve patient care.

2. To cooperate, share and to assist in coordinating continuing education activities among agencies.
3. To stimulate the development of programs designed to keep health service personnel abreast of both current and evolving skills and technology in health care in South Florida.

It has undertaken a variety of activities including a needs analysis, publicatio of local education resources, and a variety of interdisciplinary programs. Operational funds are derived from tuition charged for programs. From the viewpoint of its members, program activities focussing upon the needs of the professional nurse seem to encourage greater participation among health care agencies.

A final note about cooperative groups, i.e. the Comprehensive Health Planning Councils. While paid staff are available, the problems of funding these and of getting involvement in the broader aspects of manpower supply and demand have had to await more basic issues of data collection and groundwork, needed to establish validity to groups wishing to expand health facilities. These groups have apparently had difficulty in moving ahead.

Fig. 30 shows the degree to which the existing groups meet the criteria listed on p.121 as characteristics of a consortium.

In summary, the group which seems to have the greatest potential for spearheading a consortium would appear to be those colleges or universities having Schools of Nursing. For those without a School of Nursing, the proposed satellite nursing programs could extend the C.E. network.

Structure of a consortium could provide an Advisory Committee, representing all concerned, with improvement of patient care through provision of C.E. for the R.N.

Hiring full-time qualified nurse-faculty members in each setting to direct the consortium activities would provide a needed link with the service agencies, the professional organizations, the employer, employee and the academia.

Budget and support services for the conduct of C.E. programs sponsored by the consortium would be provided by funds from Federal sources, i.e. Health Service Agencies and/or by the Department or Division of Continuing Education in the academic communities involved.

Thoughts on a State-Wide System.

Examination of the State map attached gives some indication of the distribution of educational institutions with C.E. departments or divisions, the District Nurses' Associations, the Task Force groups, existing consortia and Comprehensive Health Planning groups.

To these could be added some two hundred eighteen (218) hospitals, two hundred ninety-six (296) nursing homes, and other types of health agencies, e.g. Mental Health groups.

If these could be tied together in some articulated way, then the mechanism need to provide the quality and quantity of advanced level continuing education would exist. How it should be done, where the authority for action should rest and from whence the source of funding to sustain a staff are questions which the F.R.M.P. Advisory Committee may help to resolve.

FIGURE 30

POTENTIAL OF EXISTING C.E. COLLABORATION GROUPS IN FLORIDA TO MEET CRITERIA[1/] OF A CONSORTIUM MODEL

GROUP	NO.	TYPE OF ORG.	PAID STAFF	POLICY MAKING BODY	SEPARATE BUDGET FORCE	AUTHORITY TO BE INDEPENDENT	COMMON PROGRAMS DISTINCT FROM MEMBER OFFERINGS
FNA Districts	42	Voluntary	No	Yes - Local Board	No	Yes - Within Bylaw Structure	Potential Does Exist
Task Force On C.E.	17	Voluntary	No	In Some Instances	In Some Instances	In Some Instances	Potential Does Exist
JAHEP	1	Official*	Yes	Yes	Yes	Yes, But Tied to Univ. of Fla.	Yes, But Primarily Geared to M.D.
So.Fla. HME Consortium	1	Voluntary	No	Yes	Yes	Yes	Yes
University - Schls. of Nursing	7	Official	Yes	Yes	Varies	No	Potential Does Exist
College - Schls. of Nursing	23	Official	Yes	Yes	Varies	No**	Potential Does Exist
Comp.Health Planning Councils	13***	Official	Yes	Yes	6,Federally Funded;None Involved in CE	Yes	Potential Does Exist

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1/ Eldon Johnson, In The Encyclopedia of Education. Vol. 2, MacMillan Co. & The Free Press, 1971, p.425.

* - Official: Properly authorized - may or may not be incorporated.

** - One college announced a CE program for health professionals, titled "Patterns of Health Care". The program had to be withdrawn due to pressure from local physicians.

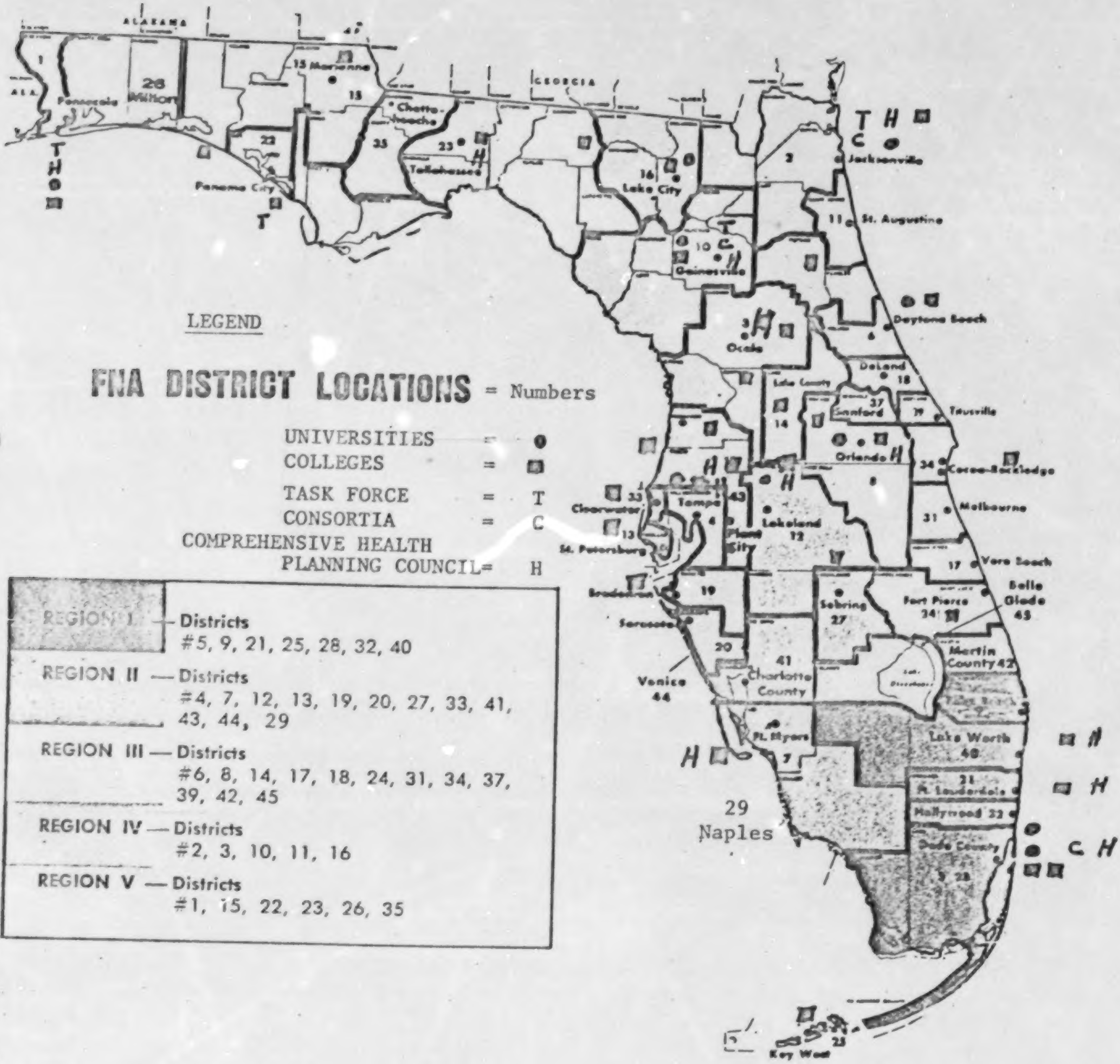
*** - As of 11-4-74. Source - Manuel Valles, Health Manpower Coordinator, Bureau of Comprehensive Health Planning, Fla.

FIGURE 31

FLORIDA NURSES ASSOCIATION

F.R.M.P.#189B

LOCATION OF GROUPS COLLABORATING TO OFFER C.E. IN NURSING



LEGEND

FNA DISTRICT LOCATIONS = Numbers

UNIVERSITIES = ●

COLLEGES = ▣

TASK FORCE = T

CONSORTIA = C

COMPREHENSIVE HEALTH PLANNING COUNCIL= H

REGION I	Districts #5, 9, 21, 25, 28, 32, 40
REGION II	Districts #4, 7, 12, 13, 19, 20, 27, 33, 41, 43, 44, 29
REGION III	Districts #6, 8, 14, 17, 18, 24, 31, 34, 37, 39, 42, 45
REGION IV	Districts #2, 3, 10, 11, 16
REGION V	Districts #1, 15, 22, 23, 26, 35

The Advisory Committee at its December 12, 1974 meeting recommended that F.N.A. Region II involving the 13 southwest counties be the base for testing a C.E. consortium model.

The project staff then set the following performance objectives against which Region II unit was to be measured:

1. To assess and validate the potential of F.N.A. Region II to establish a C.E. unit for the R.N.;
2. To plan activities within F.N.A. Region II which will further cooperation and coordination of C.E. for the R.N.;
3. To implement the activities within the time constraint of the project (February, 1975 through June, 1975), which key individuals in C.E. for the R.N. in Region II feel have a high priority for promoting cooperation, coordination and quality;
4. To evaluate the activities undertaken in light of the objectives of #189B, findings from #189A, and priorities established by F.N.A. Region II individuals;
5. To recommend, if appropriate, a mechanism for formalizing the C.E. model within F.N.A. Region II.

To develop guidelines for implementing these objectives, criteria are drawn from a number of sources.

Criteria and Sources:

Several sources are drawn upon in establishing criteria to be used as guidelines for carrying out the process of establishing a C.E. unit model.

The primary source is the listing of essential characteristics of a cooperative education unit found in the working paper. "The Consortium - An Overview", prepared by the Project Coordinator. 11/

In addition, the elements and processes outlined in Chapter 1 of the F.R.M.P. #189A report form the basis for fitting the model into a system's structure. 12/

Application of the demographic, cultural, social, health and nursing role criteria, as outlined in F.R.M.P. #189A, will guide the content of activities carried out to test the model. 13/

Ranking of learner needs for Region II, as reported in the initial study "Perception of Learner Needs" (done on a sample of F.N.A. members) and the findings from the replication study on the same region (with a sample of all R.N. population) will also serve as guidelines for prioritizing activities undertaken. 14/ 15/

Activities Appropriate to Objectives:

A variety of activities are appropriate to the objectives outlined. Fig. 31 presents a schematic of a variety of these, consistent with the criteria noted, and which appear to be appropriate to the project.

Decisions, as to which activities or other suitable activities are to be carried out, depend upon the time framework available, upon identification of key individuals in the Region, and upon their common belief that regional cooperation and coordination will, in fact, result in more effective use of resources, will provide closure of identified gaps and deficiencies in C.E. programs for the R.N., and will prevent overlap of programs.

FIGURE 32

ACTIVITIES DEEMED APPROPRIATE TO DEVELOPMENT OF F.N.A. REGION II AS A COOPERATIVE UNIT OF A STATEWIDE SYSTEMS, USING SYSTEMS CRITERIA*

CRITERIA	ACTIVITIES
ELEMENTS:	
1. A Common Body of Beliefs and Sentiment Which Determine Ends and Means.	1. Questionnaire for Key Individuals.
2. Goals, Ends, Objectives or Purposes Toward Which Behavior Is Directed.	2. A) Questionnaire for Key Individuals. B) Group Activity at Regional Meeting. C) Visit To All Inservice Education Directors To Review Yearly Plans; Teaching Objectives; Facilities. D) Analysis of Yearly Calendar.
3. Norms - Expected And Prescribed Ways Of Acting In Relation To Goals.	3. Review of Standards Used by Program Planners For Setting Goals: A) Job Descriptions for R.N.s. B) Unit Teaching Objectives. C) Use of A.N.A. Descriptive Behaviors, At Basic And Advanced Level. D) Site Visits To Agencies Re: Facilities.
4. Roles Or Behaviors Expected Of Given Individuals In Given Positions Or Situations.	4. A) Analysis of Job Descripttions of C.E. Planners. B) Analysis of Data on Questionnaire Re: Program Planner Background.
5. Status And/Or Ordering of C.E. In Region.	5. Questionnaire Re: - Separate Budget. - C.E. Freedom to Develop C.E.
6. Power, Authority, Influence, Force or Coercion, Ability or Right To Control Others.	6. A) Questionnaire Re: - Is C.E. Mandatory in Agency? - Is C.E. Mandatory for Membership in Assoc./Agency? B) Are Programs Viewed by Participants As Expert Presentations? C) Who Has Final Authority Re: Programs To Be Offered?

*As Documented in F.R.M.P. #189A, Chapter I Report.

FIGURE 32 (Cont'd)

CRITERIA	ACTIVITIES
7. Sanctions (Those Patterns of Rewards and Punishment Which Encourage Behavior to Conform to Norms).	7. Questionnaire Re: - Priority for Funding C.E. - Policy Re: Honoraria, Travel, R & B. - Fee or Tuition. - Use of C.E. Record in Evaluating Employee Performance. - Awarding of Certificate. - Recording or Transcript System.
PROCESSES:	
8. Communication.	8. A) Questionnaire Re: - Methods. - Mailing Lists. B) Involvement in C.E. Groups- - Local. - Regional. - State. - National.
9. Decision-Making.	9. Questionnaire Re: - How Are Decision Made Re: Programs Offered. - Who Makes Decisions.
10. Problem-Solving Techniques.	10. Questionnaire Re: - What Techniques Are Used To Solve Problems Encountered in Offering C.E., e.g. Under Enrollment, Dropout During Program, Identifying Resources. - Learner Needs.
11. Boundary Fighting.	11. Questionnaire Re: - How Is Overlap or Duplication of C.E. Programming Avoided.
12. Articulation.	12. Questionnaire Re: - Inter- and Intradisciplinary Cooperation - Within Agency; - Within City; - Within State; - Within Nation.

FIGURE 32 (Cont'd)

CRITERIA	ACTIVITIES
13. Rigidity vs. Flexibility.	13. A) Questionnaire Re: - Inclusion of Non-Staff Nurses. - Input From Other Groups and/or Disciplines. B) Analysis of Programs.
14. Evaluation.	14. A) Questionnaire Re: - Are Programs Evaluated. - How Are Programs Evaluated. B) Analysis of Evaluation Reports.
15. Regularization.	15. A) Questionnaire Re: - Are National Guidelines Used; If So, Which Ones. - Are State Guidelines Used; If So, Which Ones, e.g. Dept. of C.E. Policies, F.N.A. Guidelines for Program Review. B) Analysis of C.E. Group Organizations.

The proposed timetable with individuals involved appears in FIGURE 33.

Since this phase of F.R.M.P. #189B is based upon Corey's concept of action research, 16/ communication of progress and findings to those involved is essential. In addition, if the approach is to serve as a model, a continuous evaluation and feedback to other F.N.A. regions is needed, as well as to the Florida State Board of Nursing and other professional organizations.

Provision for Evaluation and Feedback:

Data collection instruments were designed by the Project Coordinator, the Consultant on C.E. with the Florida State Board of Nursing, F.N.A. Region II Director, and the Project statistician as follows:

1. Baseline data re: characteristics of key individuals involved in C.E. in Region II; (Appendix 17).
2. Initial reaction by key individuals who attend preliminary meetings; (Appendix 18).
3. Subgroup reaction to activities undertaken; and
4. Post-group reaction by key individuals re: F.R.M.P. #189B efforts to achieve regional cooperation.

Analyses of these data were undertaken by the statistician, and the findings were shared via "The Florida Nurse", other health agency newsletters, and the final Project report.

Activities Carried Out Within Time Framework

The following activities were carried out within the time constraints of the project:

1. Meetings

   Meeting with Secretary Keller, Dept. of Health and Rehabilitative Services, & representatives of other Departments of State government to decide on sponsorship of Consortium - Jan. 1975.

   Meeting with Dr. Thomas Strickland, Administrator, Division of Technical and Health Occupation Education re strategy for setting organizational meeting for Region II Consortium - Feb. 1975.

   Initial meeting of Consortium group - April 3, 1975 to identify need for cooperation among the 13 counties.

   Steering Committee meetings in April, May, and June for conduct of business.

FIGURE 33

TIMETABLE OF ACTIVITIES TO BE UNDERTAKEN TO ESTABLISH F.N.A. REGION II AS A SUBUNIT OF A C.E. SYSTEM.

ACTIVITY	DATE	BY WHOM	WITH WHOM	FOR WHAT PURPOSE
Meeting With Region II Director	1-29-75	WHG	C. Munton J. Moorhead	To Plan Regional Strategy.
Meeting with Dean Univ. So.Fla. Schl. of Nursing	1-30-75	WHG	G. MacDonald	To Gain Support for Project; To Explore Schl. of Nursing posture re: C.E. in Region; To Capitalize on U.S.F. Satellite Campuses in Sarasota, Ft. Myers, and St. Petersburg; To Coordinate Project with R.N., B.S. Programs.
Meetings with Chairmen of St. Petersburg & Hillsborough Jr. Colleges Nursing Programs - Manatee	2-25-75	WHG	A. Martin N. Hartley O. Gallaway (Moran) E. DeChow (Spillane)	To Gain Support for Project; To Capitalize on Existing Programs; To Capitalize on Satellite Campuses in Tarpon Springs & Plant City.
Meetings with Presidents & Program Chairmen of Districts: A. Bradenton - Naples	2-3 & 4/75	WHG	A. Presidents & Program Chairmen	A. To Alert Them to Project; To Answer Questions; To Elicit Support
B. Tampa - St. Petersburg - Clearwater, Etc.	2-18-75		B. Presidents & Program Chairmen.	B. To Alert Them To Project; To Answer Questions; To Elicit Support.

FIGURE 33 (Cont'd)

ACTIVITY	DATE	BY WHOM	WITH WHOM	FOR WHAT PURPOSE
Meeting with Rep. of Dept. of Education, Tallahassee	2-12-75	WHG	Dr. Thos. Strickland	To Determine How Dept. of Education Can Serve As Umbrella for Project. To Set Date for Meeting of Key Individuals in Region To Consider If Region Has Potential for Forming C.E. Unit
Meeting with Dept. of Health & Rehab. Services, Div. of Nursing	2-11-75	WHG	Mrs. Dolores Wennlund	To Gain Support. To Identify Key Nurses in Region Who Should be Involved.
Letters to Key Regional People Re: Meeting	3-12-75	Fla.Dept. of Educ./ F.N.A.	Key Individuals	To Review Project. To Ascertain Feasibility of Region II as C.E. Unit. To Determine Potential Mechanisms for Moving Ahead.
Completion of Questionnaire by Key People	4-8-75	WHG/JKM/ CM/RR	Individuals Noted As Key in Region II	To Obtain Base Line Data and Assess Individuals' Perception of System Elements and Processes Operating in Region.
Completion of Reaction to Meeting Form by Key Individuals.	4-8-75	WHG/JKM/ CM/RR	Those Attending Regional Meeting	To Evaluate Effect of Meeting.
Development of Subgroups, and Meetings Re: Assigned Tasks (Ad Hoc)	May June	WHG/JKM	Consortium and Task Force Members	To Guide Development of Activities.

FIGURE 33 (Cont'd)

ACTIVITY	DATE	BY WHOM	WITH WHOM	FOR WHAT PURPOSE
Completion of Evaluation Form Re: Activities Undertaken by Project Staff	June	WHG /JKM/ CM/RR	Those Who Were Involved in Project	To Substantiate Degree To Which This Phase of F.R.M.P. #189B Met Stated Objectives.
Representative of Mental Health Group	May	WHG/ VR	Mental Health Institute	To get input aboout this groups plans in C.E.
Specialty Groups	May June	WHG/In-group	All speciality groups	To gain input
Other Official State Nursing Groups	May	WHG/JM	Consultants with State Boards of Nursing & Education	To correlate roles in C.E.

Final Consortium meeting under grant for decision as to future direction, June 6, 1975.

Ad hoc committee meetings on Bylaws, Microteaching, Use of educational TV in C.E. for R.N.

2. Project director activites re Consortium

Contact, in person, key individuals in educational and health delivery agencies in 13 counties to gain support for Consortium.

Identification of Consortium members with leaders at state level.

Attendance at all meetings.

Secretarial activities related to Consortium work.

Preparation of instrument re characteristics of Consortium members.

Preparation of inventory of educational aids in Region II.

3. Activities completed during three months of Consortium's activation phase

Inventory of educational aides distributed to all hospital inservice directors, directors of nursing in nursing homes, school of nursing libraries, public health agencies.

Profile of members of Consortium.

Bylaws

Plans for fall meeting.

4. Activities in progress

Plans for a series of 1/2 hour programs on legal aspects of nursing to be shown over open TV in fall of 1975 on a CEU basis.

Plans for a college course on teaching skills to be offered in five different settings for credit which meets elective requirement toward Bachelor's of Nursing degree.

10.3 FINDINGS

-Individuals from official and professional health delivery and educational groups committed to and involved in C.E. for the R.N. can be identified within a region.

-Such individuals, if given minimum financial support and staff assistance for a planning phase, can form a viable organizational structure.

-Activities appropriate to regional cooperation can be identified if group techniques are used, which promote maximum input from those planning C.E. programs.

-Regional C.E. activities can be prioritized and individuals found, both within and outside the group membership, who are willing to promote regional activities.

10.4 RECOMMENDATIONS.

-The consortium model, developed for F.N.A. Region II, should be tested in other regions of the State.

-The region should either fit those existing within F.N.A. or reflect the new regions allocated to the Health Service Agencies.

-Funds should be made available for each of the regional consortia for the planning phase.

-Planning funds should be sought from the new Health Service Agencies.

-The Department of Education (Technical & Health Occupations Education Division) should continue to serve as the umbrella for the regional consortia, thus encouraging maximum use of the State's colleges and universities.

-The consultants, assigned to the State Board of Nursing and the Department of Education, should serve ex-officio to regional consortia, thus maximizing use of available State resources.

10.5 SHARING OF FINDINGS.

The experience of developing the Consortium has been shared at the state level via mailings and discussion at meetings. At the regional level three feed-back conferences were held in geographic regions of the State. The local level was reached via the Florida Nurse - June '75 issue.

CHAPTER X

REFERENCES

1. Johnson, Eldon, L. In: The Encyclopedia of Education, vol. 2 (N.Y., MacMillan Co. & The Free Press, 1971), p. 424-430.

2. Ibid. p. 425.

3. Ibid. p. 426.

4. Ibid. p. 427.

5. Ibid p. 427-428.

6. Ibid. p. 428.

7. Ibid. p. 429.

8. Standards for Continuing Education in Nursing. (Kansas City, Mo., American Nurses Assoc., 1974).

   Continuing Education Guidelines for State Nurses Associations. (Kansas City, Mo., American Nurses Assoc., 1974).

9. "A Joint Statement from the A.N.A. Division on Maternal and Child Health Nursing Practice and the Academy of Pediatrics. Guidelines on Short-Term Continuing Education Programs for Pediatric Nurse Associates." In: The Journal of Continuing Education in Nursing, vol. 2, #2, Mar.-Apr. 1971, p. 35-40.

10. Schechter, Daniel S. Agenda for Continuing Education. A Challenge to Health Care Institutions. (Chicago,Ill., Hospital Research & Education Trust, 1974).

11/ Griffin, Winifred H.: The Consortium - An Overview. Unpublished Paper, Orlando, Fla., F.N.A., 1974.

12/ Griffin, Winifred H.: A System of Continuing Education for the Registered Nurse in Florida. Orlando, Fla., F.N.A., 1974, p. 1-8.

13/ Ibid. p. 15-25.

14/ Griffin, Winifred H., Reidenbach, Eric, McAleer, Gordon: A Study of Learner Needs. Orlando, Fla., Datafax Co., 1974.

15/ Griffin, Winifred H., Reidenbach, Eric, McAleer, Gordon: A Replication of a Study of Learner Needs. Orlando, Fla., Datafax Co., 1974.

16/ Corey, Stephen M.: Action Research to Improve School Practices. New York, N.Y., Teachers College, Columbia University, 1953.

CHAPTER XI

NEXT STEPS

11.0 Objective No. 8 - to conduct five feedback conferences on findings and recommendations from project.

Communication at the "grass roots" level was viewed as vital to contiuning the momentium gained through the various project activities. Consequently the project called for five such conferences to be held in strategically geographic locations in the state.

Due to the pressure of time, the number was reduced to three conference. The locations selected were the community colleges in Palm Beach, Orlando, and Panama City.

All participants from previous conferences held under the grant auspices received formal notification. In addition, two notices were carried in the Florida Nurse.

11.1 FEEDBACK PROTOCOL

The conference format called for a presentation of all activities undertaken to meet the project objectives. Chapter 1 of this report served this purpose.

Transparencies of comparative data on programs reviewed by Florida Nurses Association for recognition were shown to illustrate the increase in programs from 1973.

The four options for a formal system were reviewed in detail and the impact upon these of the revised Nurse Practice act was pointed out.

The group were then asked to make specific recommendations regarding future development of a formal system.

11.2 FUTURE DIRECTIONS

The conference participants representing all levels and types of registered nurses made the following recommendations for future directions:

11.2.1 Among issues raised were following:

1. Availability of subjects needed by all R.N.s.
2. Need to alert all R.N.s of C.E. for future.
3. Communicate to urban and smaller hospitals the availability and need of classes.

4. Alert administrators of need to give time off for classes, and need for courses for better patient care.

11.2.2 Recommendations from the group included:

1. Hold classes in the larger hospitals, Community College or university - several sites in the state - so all R.N.s can be reached
2. State Agency to keep track of CEU's.
3. Give credit towards a degree, CEU's or both
4. Encourage Hospital Administrators to allow time off for seminars and courses.
5. Have a list of R.N. teachers and subjects they teach available from the state (FNA) or Nursing Board
6. Take tested regional consortium model and move it around state

11.2.3 The Advisory Committee at its final meeting on June 25, 1975 concurred with these recommendations . A request for continuation of the grant for this purpose has been submitted for funding.

APPENDIX

ITEM 1

FLORIDA REGIONAL MEDICAL PROGRAM

PROJECT #189 B

"CHARACTERISTICS OF CONTINUING EDUCATION LEADERS IN REGION II"

You are viewed by those at State level as being an individual important to continuing education (C.E.) for R.N.s. Therefore, would you complete this form and return it in the enclosed envelope so that we can compile a profile of leaders in Region II.

Please Fill In Your Name: ______________________________
(First) (Last)

1. What Is Your Position? ______________________________

2. What Is The Highest Academic Degree You Have Been Awarded? (Check One)

Diploma ________	Masters ________
Associates _______	Post-Masters Prep. _______
Bachelors ________	Doctoral ________

Other (Specify) ______________________________

3. Do You Have Any Advance Preparation in C.E.? Yes _____ No ______

4. What Value Do You Place on C.E. for R.N.s in Region II? (Circle One)

1	2	3	4	5
(Very Little	Little	Medium	High	Very High)

5. Do You Believe Interagency Coordination of C.E. Activities for R.N.s in Region II Would Help You And/Or Your Agency in C.E. Planning?

Yes _______ No ________

6. Would You And Your Agency Be Willing To Participate In The Formulation of A Voluntary Interagency Group Which Would Meet Periodically For Coordination of C.E.? Yes _______ No ________

NOTE: If Your Answer To The Above Question Is "NO", Turn Directly To Question 24 At End of Form.

7. If You Are Interested In Joining The C.E. Coordinating Group, Please Fill In Information Re: Where You May Be Contacted, Days and Times.

Employment Address: ____________________ Home Address: ____________________

____________________ ____________________

Employment Phone: ____________________ Home Phone: ____________________

Days & Times: ____________________ Days & Times: ____________________

Other (Specify): ____

8. If You Are Your Agency's Representative To The Coordinating Planning Group, What Days And Times Best Suit You To Meet? (Circle ALL Appropriate Days and Times)

		A.M.					P.M.					
Monday	10	11	12 Noon	1	2	3	4	5	6	7	8	9
Tuesday	10	11	12 Noon	1	2	3	4	5	6	7	8	9
Wednesday	10	11	12 Noon	1	2	3	4	5	6	7	8	9
Thursday	10	11	12 Noon	1	2	3	4	5	6	7	8	9
Friday	10	11	12 Noon	1	2	3	4	5	6	7	8	9
Saturday	10	11	12 Noon	1	2	3	4	5	6	7	8	9

Other: Day(s): ____

Time: ____
A.M. P.M.

9. Considering Your Heavy Schedule, How Many Hours PER MONTH Can You Devote To The Planning Group?

Less Than One Hour. ____________________
One To Three Hours ____________________
Three To Five Hours ____________________
Over Five Hours ____________________

10. What Is Your Responsibility, Within Your Agency, In C.E. For R.N.s? (Check ALL Appropriate Entries)

Plan Programs ______________ Assist In Mechanics Of Giving Programs (Locate Speakers, Schedule Facilities, Collect Fees, Etc.)_____

Coordinate Programs __________

Evaluate Programs __________ Other (Specify):________________________

11. What Was The Basis For Your Agency's C.E. Program Selection In 1974? (Check ALL Forms Used)

Learner Needs, As Expressed By Employees _____________

Learner Needs, As Perceived By Program Planner ________

Learner Needs, As Perceived By Employer _______________

No Programs Were Offered _____________

12. What Form Of Publicity For C.E. Programs Does Your Agency Employ? (Check ALL Forms Used)

Newsletter _____ Radio ______ Word-of-Mouth ______

Bulletin ______ T.V. ______ Announcement At Meetings ______

Newspaper ______ T.V. Guide ___ Brochure __________

Other (Specify): ____________________________________

13. Does Your Agency Receive Feedback Information On Which Type of Publicity Is Most Effective? Yes ______ No ______ Not Certain ______

14. Which Type Of Publicity Is Most Effective? _________________________

____

15. What Method Does Your Agency Use To Evaluate Responses By Participants To C.E. Programs For R.N.s? ____

16. What Method Does Your Agency Use To Evaluate Effectiveness Of C.E. Programs On The R.N.'s Subsequent Performance? _____________________

____

17. By Whom (Position Held) Is This Evaluation Done? ____________________

____

18. Approximately What Is The Number of R.N.s Who Attended All Programs Sponsored By Your Agency, As A Whole, In 1974? ____________________

19. On The Average, What Is The Number of R.N.s Who Attended Each Program in 1974? ____________________

20. How Many C.E. Programs Did Your Agency Co-Sponsor With Other Agencies In 1974? ____________________

21. What Are The Dates, Names Of Co-Sponsoring Agencies, And The Respective Co-Sponsored C. E. Programs in 1974? (If None, State So)

Dates	Co-Sponsor's Name	Co-Sponsored Programs

22. Does Your Agency Have A Preplanned Schedule of C.E. Programs on Specific Topics For 1975? Yes ______ No ______ Not Certain ______

23. What Are The Dates, Names Of Co-Sponsoring Agencies, And Specific Programs To Be Presented In 1975? (If None, State So)

23. (Cont'd)

Dates	Co-Sponsor's Name	Programs

24. Do You Have Any Additional Comments To Make Concerning C.E. For R.N.s In Region II? ______________________________

____

If possible, please return this form within a week of its arrival. Thank you for your cooperation. The information you have supplied will be of significant value in a profile formulation of leaders in Region II.

RR:jlb
2-19-75

ITEM 3

PROGRAMS DEVELOPED THROUGH SIMULATION

1. THE PREVENTION AND MANAGEMENT OF CRISES IN SURGICAL PATIENTS BEFORE, DURING AND AFTER OPERATION.

PREOPERATIVE:

Determining the Patient's, Family's and Friend's Level of Understanding.

- Interviewing Techniques
- Pre- and Postoperative Teaching Skills (Teaching the Adult Patient)
- Various Approaches to Teaching Patients (Individually, Groups, Teaching Aids, Etc.)

Management of Anxiety in the Preoperative Patient.

- Identification of Anxiety and Crisis Behavior
- Coping with Manifestations of Anxiety and Crisis Behavior

Legal Implications of Preoperative Preparation of the Surgical Patient.

DURING OPERATION:

Total Patient Care in the Operating Room.

- New Surgical Techniques and Implications for Nursing Care in the Operating Room
- Nursing Assessment of the Surgical Patient in the Operating Room
- Recognition of Physiological Crises During the Administration of Anesthesia
- Intervention During Physiological Crises During the Administration of Anesthesia

POSTOPERATIVE:

Immediate Postoperative Care.

- Postoperative Management in the Recovery Room
- Identification of Physiological Crises in the Recovery Room

ITEM 3 (Cont'd)

Intervention in Physiological Crises in the Recovery Room.

The First 24 Hours:Critical Recovery Period - Surgical Intensive Care Unit.

Management of the Patient in the Surgical Intensive Care Unit
Parenteral Therapy Modules:
    Fluids and Electrolytes
    Drug Additives to IVs
    Hyperalimentation
Crisis Intervention: The Patient and Family in the Intensive Care Unit

The First 24 Hours:Critical Recovery Period - Medical/Surgical Nursing Unit.

Management of the Patient on a Medical-Surgical Nursing Unit
Recognition of Physiological Crises
Prevention of Physiological Crises
Nursing Intervention in Physiological Crises

The Recuperative Phase.

Recuperation and Rehabilitation of the Post-Surgical Patient
Adaptation to Changes in Body Image
Postoperative Teaching
Preparation for Discharge: Patient, Family and Friend
Community Resources; Planning for Home Care

2. NEW PERSPECTIVES IN PHARMACOLOGY FOR THE STAFF REGISTERED NURSE IN THE HOSPITAL AND NURSING HOME.

NEW PERSPECTIVES IN DRUG CONTROL IN THE NURSING HOME AND HOSPITAL:

New Roles for the Nurse and Pharmacist.

The Nurse Practitioner and Drug Control, Administration and Dispensing
The Pharmacist and Drug Control, Administration and Dispensing

ITEM 3 (Cont'd)

New Methods of Drug Dispensing.

- The Unit Dose System
- Other Drug Systems

Legal Implications in New Methods of Administration and Control of the Drugs.

- The Licensed Practical Nurse
- The Pharmacy Technician
- The Nurse Practitioner
- The Pharmacist

NEW PERSPECTIVES ON DRUG ACTIONS AND INTERACTIONS:

Intravenous Additives and Control.

- Pharmacy-Centered Intravenous Additive Program
- Computerized Systems in Controlling Drug Actions and Interactions

Drug Incompatabilities.

- Physical Incompatabilities
- Chemical Incompatabilities
- Specific Drug Actions and Interactions

CRISIS DRUGS AND NEW PERSPECTIVES IN THEIR USE:

Problems with Physiological Imbalances.

- Fluids and Electrolytes
- Acid-Base Balance
- Blood Gases
- Endocrin Disorders

DRUGS IN COMMON USE:

Anti-Infective Drugs.

Cardiovascular Drugs.

- Anti-arrhythmic Drugs
- Anticoagulant Drugs

Drugs Used in Oncology.

Respiratory Drugs.

Gastro-Intestinal Drugs.

Drugs Related to the Female Reproductive System.

- Drugs Used in Pregnancy
- Fertility and Infertility Drugs

Drugs Used in Urology.

Drugs Used in Neurology and Orthopedics.

Psychopathological Drugs.

Drugs Used in the Treatment of Disorders of the Skin.

Narcotics, Sedatives and Anesthetic Agents.

PERSPECTIVES ON DRUG DEPENDENCY:

Adolescent Drug Dependency.

Adult Dependency Patterns.

- Narcotics
- Tranquilizers
- Barbiturates
- Alcohol

Geriatric Patients and Dependency Patterns.

TEACHING THE PATIENT AND HIS FAMILY:

3. CHANGING PATTERNS OF HEALTHCARE OF THE AGED IN FLORIDA.

LEGISLATION RELATED TO CARE OF THE AGING IN FLORIDA:

The Baker Act and Implications.

Other Legislation Related to the Aged, Medicare and Medicaid.

PHYSICAL ASSESSMENT OF THE GERIATRIC PATIENT:

Physical Examination.

ITEM 3 (Cont'd)

Interviewing the Aged Patient and His Family.

Documentation and Nursing Care Planning.

NUTRITION FOR THE GERIATRIC PATIENT:

Assessing Dietary Needs.

Teaching the Patient and His Family About Dietary Needs and Restrictions.

PHARMACOLOGY IN THE CARE OF THE GERIATRIC PATIENT:

Food and Drug Interactions.

PSYCHOLOGICAL ASSESSMENT OF THE GERIATRIC PATIENT:

The Nurse As The Patient's Advocate.

Social Patterns of the Aged.

Reality Orientation for the Markedly Confused Patient.

Rehabilitation of the Aged Patient.

- Physical Therapy
- Occupational Therapy
- Recreational Therapy

Death and Dignity.

EXPANDING HEALTH CARE OF THE AGED:

Planning for Care at Home.

- Exploring Community Resources
- Patient Counselling
- Family Counselling
- Working with the Social Service Counsellor

GOAL SETTING:

Present and Future Roles of the Geriatric Nurse Practitioner.

ITEM 3 (Cont'd)

4. CHANGING APPROACHES TO THE CARE OF PATIENTS WITH EMOTIONAL PROBLEMS IN FLORIDA.

LEGISLATION AFFECTING THE CARE OF THE PATIENT WITH EMOTIONAL PROBLEMS:

The Myers Act.

- Changing Approach to the Treatment of the Alcoholic Patient

The Baker Act.

- The Rights of the Emotionally Disturbed Patient
- Human and Civil Rights of the Patient with Emotional Illness

Legislation Affecting Nursing Practice.

- What Will The Government Allow Nurses To Do?
- What Can Nurses Do About It?

FAMILY STRUCTURE AND EMOTIONAL PROBLEMS:

Dependency: Common Denominators in Behavior and Causation.

Emotional Problems in Infants and Children.

Emotional Problems in Juveniles and Adolescents.

- Social Change and Its Effect on Youth

Adults and Their Problems.

Special Problems Related to the Aging Population.

THE PSYCHIATRIC NURSE PRACTITIONER:

The Nurse and Her Role in Psychotherapy.

Crisis Intervention.

- Crisis Theory Approach to the Care of the Emotionally Disturbed Patient
- Utilization of the Systems Approach to Assisting People in Crises
- The Nurse as an Advocate of People in Crises:Theoretical Concepts

ITEM 3 (Cont'd)

The Implementation of the Concept of Advocate in Varied Settings
Parapsychology: The Other Dimension
Nursing Intervention: Behavior Modification
Nursing Intervention: Transactional Analysis
Nursing Intervention: How To

THE THERAPEUTIC MILIEU:

Pharmacology in Psychopathology.

EDUCATING THE PUBLIC:

COMMUNITY RESOURCES AND THEIR UTILIZATION:

5. FROM NON-NURSING FUNCTIONS TO SKILLED NURSING CARE:STEPS FOR PRODUCING DESIRED CHANGED WITHIN THE ACUTE CARE INSTITUTION IN FLORIDA.

THE CHANGING ROLE OF THE NURSE:

Definition of Skilled Nursing Care.

Identification of Knowledge Necessary to Perform Skilled Nursing Care.

Interpersonal Relationships.

How To Be A Change Agent.

Identification and Use of Inter-Agency Resources.

Communications.

Problem-Solving Workshop.

- Identify
- Plan
- Implement
- Evaluation

NURSING AUDIT-PSRO:

DELIVERY SYSTEMS:

Team Nursing.

Planning Patient Care.

ITEM 3 (Cont'd)

Evaluation of Patient Care.

Patient Assessment.

6. THE REGISTERED NURSE:AN EFFECTIVE AGENT FOR LEGISLATIVE CHANGE IN HEALTH CARE.

THE LEGISLATIVE PROCESS:

"There Ought To Be A Law" (Film).

How A Bill Becomes A Law.

How A Legislator May Be Influenced by Registered Nurses.

Health Care Legislation Today and Tomorrow.

"How To Play The Political Game" - Panel Discussion.

- Special IInterest Groups
- League of Women Voters
- Chamber of Commerce
- Young Republicans
- Democratic Association
- Consumer Advocates

THE NURSE PRACTICE ACT:

Proposed Revisions.

Defining the Practice of Nursing.

INSTITUTIONAL LICENSURE VS. INDIVIDUAL LICENSURE:

THE ROLE OF THE FLORIDA NURSES ASSOCIATION IN INFLUENCING LEGISLATION:

ITEM 4

6. Please indicate how you, as an individual nurse, feel about **each** of the following statements by checking the appropriate box. If you do not feel qualified to comment on a particular statement, just check the NQ box that pertains to that statement.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	NQ
The role of the nurse consultant in the clinical setting is a subject which needs greater emphasis.						
I would like to know more about trends that are expected to change the delivery of patient care.						
There is no need for me to know more about how I can change the health care system.						
My knowledge of in-depth techniques of rehabilitation needs improving.						
I need to learn more about the prevention of illness at all age levels.						
As a nurse, I need to know more about legislative involvement designed to control my nursing practice.						
I need a better understanding of how the nursing process (assessment, nursing diagnosis, nursing orders, planning, evaluation) can be used in various health situations.						
I have no need for further education in advanced anatomy/physiology or pathophysiology.						
My knowledge of the changing patterns of communicable disease needs improving.						
I need a better understanding of contemporary theories of medical treatment, for example: homotransplant, renal dialysis, etc.						
As a nurse, I need to be continually aware of the newer trends in pharmacology.						

FRMP #189 A

ITEM 5

EXPERT STUDY GROUP

Name	Clinical Area
Ms. Elma Dykes 3810 S.W. 19th Street Gainesville, Fla. 32601	psychiatry
Mrs. Lorene S. Farris 900 N.E. 89 Street Miami. Fla. 33138	maternal & child health
Ms. Martha Jurgensen 18505 4th Street, S.E. Lutz, Fla. 33549	medical/surgical
Miss Marjorie H. Lund 282 B Cape Cod Circle Covered Bridge Lake Worth, Fla. 33460	community health
Ms. Betty Mills Rt. 9, Box 1881 N Lakeland, Fla. 33801	maternal & child health
Mrs. Arnine Owens 1111 So. Lakemont Avenue Winter Park, Fla. 32789	geriatric
Ms. Rowena Rogers 151 E. Minnehaha Avenue Clermont, Fla. 32711	geriatric
Ms. Nancy Talley Director of Inservice Education St. Joseph's Community Health Center 3001 W. Buffalo St. Tampa, Fla. 33607	psychiatry
s. Leona M. Vranken ursing Director harlotte County Health Department 14 W. Grace Street unta Gorda, Fla. 33950	community health
Ms. Helen Whitley 1169 Montego Road, E. Jacksonville, Fla. 32216	medical/surgical

ITEM 6

EXPERT STUDY GROUP MEMBERS

F.R.M.P. #189B

Member & Address	Representing:
Ms. Barbara Conway 9651 S.W. 77th Avenue, #208E Miami, Florida 33156	Pediatrics; Maternal & Child Care
Mrs. Lora Craig P.O. Box 246 Goldenrod, Florida 32733	Medical/Surgical
Ms. Jane Davies Rte. 1, Box 94D Chiefland, Florida	Community Health
Mrs. Ruth Foden 145 N.W. 144th Street Miami, Florida 33168	Pediatrics; Maternal & Child Care
Mrs. Mabel Johansson Director Palm Beach County Health Dept. P.O. Box 29 West Palm Beach, Florida	Community Health
Ms. Jean Kielman 2212 LeHavre Boulevard Orlando, Florida 32808	Psychiatric Care
Mrs. Kay Mercer Orange Memorial Hospital 1416 South Orange Avenue Orlando, Florida 32803	Medical/Surgical
Mrs. M. Arnene Owens Director of Nurses Winter Park Towers 1111 South Lakemont Avenue Winter Park, Florida 32789	Geriatrics

Miss Frances "Billie" Sills 12401 N.W. 27th Avenue - Apt. G137 Miami, Florida 33167	Geriatrics
Ms. Nancy Talley 3915 Venetian Drive Tampa, Florida 33614	Psychiatric Care

ITEM 7
FLORIDA NURSES ASSOCIATION
F.R.M.P. 0189 B

SAMPLE OF REVISIONS IN GUIDELINES FOR PROGRAM REVIEWER - PUBLIC HEALTH

I. Define Basic and Advanced.

II. Basic Preparation of A.A. Includes:

- A. General nursing care;
- B. Knowledge of community resources;
- C. Developing relationship with well patients;
- D. Communication skills;
- E. Community referral;
- F. Nurse in school role;
- G. Communicable diseases.

III. Advanced Preparation Includes:

Cognitive base in humanities, social science, physical sciences and build in upper division to include:

- A. General nursing care;
- B. Knowledge of community resources;
- C. Developing relationship with well social units;
- D. Health care systems;
- E. Communicable diseases;
- F. Begin physical assessment;
- G. Patient advocacy - Health teaching and counseling;
- H. Public Health Nurse in schools;
- I. Introduction to personnel management;
- J. Program evaluation;
- K. Team member;
- L. Mobile society care;
- M. Involvement with teenage parents;
- N. Decision-making.

IV. Trends:

Basic
- A. Assessment Skills
  - -Individual
  - -Social Groups
  - -Communities
- B. Data Collection
- C. Analysis of Data

Advanced
Biostatistics
Health Care Systems
[Conceptualization of and
[Utilization of Team Members
Political Arena
[Fiscal Management and
[Program Planning.

FLORIDA NURSES ASSOCIATION
F.R.M.P. #189 B

ITEM 3

FORM FOR COLLECTING ADDITIONAL DATA ON C.E. PROGRAMS SUBMITTED TO F.N.A. FOR REVIEW

(SUGGESTED BY EXPERT STUDY GROUP)

AGENCY OR INSTITUTION:

TITLE OF PROGRAM:

DATE GIVEN:

NUMBER OF RNs WHO ATTENDED:

PLEASE ANSWER ALL OF THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE.

1. What prompted you to offer program?
2. Was program offered only to RNs employed in your agency? YES NO DNA*
3. If other than RNs attended, what groups did they represent?
4. What form(s) of publicity did you use?
5. Where did you obtain your mailing list, if one was used?
6. Did you provide learner with planned clinical experiences designed to assist him in mastery of the skills discussed or demonstrated? YES NO DNA
7. How do you plan to evaluate changes in behavior of the learner as a result of the program?
8. Do you plan a reevaluation of learner's behavior after a period of time? YES NO DNA
9. How long an interval do you plan to let lapse before reevaluation?
10. Was a fee charged for program?
11. What use is made of the funds collected?

NAME OF PERSON ANSWERING QUESTIONNAIRE:

TITLE:

11-14-74

*DNA - DOES NOT APPLY.

ITEM 9

FLORIDA NURSES ASSOCIATION

F.R.M.P. #189 B

A SELF-EVALUATION CHECKLIST FOR PROGRAM PLANNERS

(SUGGESTED BY EXPERT STUDY GROUP)

There are certain characteristics which are seen as more desirable than others when reviewing C.E. programs. Below is a list of characteristics which are considered in program review. Those viewed as more desirable are given a heavier weighting. Rate your own program to see how it measures up, before you submit it for review, by circling points which apply and then totalling these up.

	POINTS
A. CONTENT OFFERED IN THE PROGRAM IS: (Circle One Which Applies)	
- Advanced in Nature (Builds upon content usually offered in Basic Nursing Program)	3
- Refresher in Nature (An updated experience of material already covered in Basic Nursing Program)	2
- Basic in Nature (Content is considered to be usually offered in Basic RN Program)	1
B. OBJECTIVES OF PROGRAM: (Circle Those Which Apply)	
- Objectives, as stated, are appropriate to level of content	3
- Objectives are stated in terms of what the STUDENT expects to learn	2
- Objectives are stated in terms of what the TEACHER HOPES student will learn .	1

CHECKLIST (Cont'd) **ITEM 9**

	POINTS
C. MODE OF PRESENTATION: (Circle One)	
- Presentation is by Nurse Specialist and/or other qualified individuals, appropriate to content.	2
- Presentation is by individual not qualified by specific programs or advanced formal education in area of content.	1
D. TECHNICAL COMPONENTS: (Circle Those Which Apply)	
- A pre- and post-test are used to measure learner's grasp of content.	1
- A variety of audiovisual, individual and group involvement techniques are used in presenting content.	1
- A written tool is used for audience reaction to program content and methods.	1

ADAPTED FROM MATERIAL SUBMITTED
BY MEMBERS OF EXPERT STUDY GROUP,
F.R.M.P. #189B, 11-7-74.
WHG

ITEM 10

"HOW-TO" CONFERENCES

SIMULATION THEMES

#1. THE PREVENTION AND MANAGEMENT OF CRISES IN SURGICAL PATIENTS BEFORED, DURING AND AFTER OPERATION.

#2. NEW PERSPECTIVES IN PHARMACOLOGY FOR THE STAFF R.N. IN THE HOSPITAL AND NURSING HOME.

#3. CHANGING PATTERNS OF HEALTH CARE OF THE AGED IN FLORIDA.

#4. CHANGING APPROACHES TO THE CARE OF PATIENTS WITH EMOTIONAL PROBLEMS IN FLORIDA.

#5. FROM NON-NURSING FUNCTIONS TO SKILLED NURSING CARE: STEPS FOR PRODUCING DESIRED CHANGE WITHIN THE ACUTE CARE INSTITUTION IN FLORIDA.

#6. THE REGISTERED NURSE: AN EFFECTIVE AGENT FOR LEGISLATIVE CHANGE IN HEALTH CARE.

ITEM 11

FNA Continuing Education Program

The Florida Nurses Association supports the concept of Continuing Education for all nurses as one means by which nurses can maintain competence and meet the Standards of Practice developed by the profession.

The FNA and the State Board of Nursing have supported a voluntary Continuing Education Program. At this time there is no legislation that would require C. E. for registered nurse licensure. There are several bills in the legislature however, that require evidence of C. E. for advanced practitioners of nursing.

The FNA Continuing Education Program is a plan through which registered nurses can have programs evaluated by the FNA Committee on Nursing Education for Continuing Education Units (CEU's) and have their individual records of CEU's compiled annually by FNA.

Definition: Continuing Education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice, thus improving health care to the public.[1]

The Continuing Education Unit (CEU) provides a uniform system for measuring, recording, reporting, accumulating, transferring and recognizing participation in non-academic credit educational offerings.

The Continuing Education Unit (CEU) is defined as ten hours of participation in an organized Continuing Education experience under responsible sponsorship, capable direction, and qualified instruction.

The Florida Nurses Association will keep a record of accumulated C.E. credits for any nurse who has filed an "Application for Certification for Continuing Education." (FNA Form 100)* This service is free to FNA members and the Board of Directors is working on a plan to make this service available to all nurses, charging a fee to non-members.

The Continuing Education Approval Committee (CEAC) will be the FNA Committee on Nursing Education. This committee will perform the following functions:

1. Determine criteria for approving continuing education activities.
   - (a) Continuing Education Units (CEU's) will be used as a unit of measurement and recording for organized educational offering only.
   - (b) Professional Recognition Points (PRP's) will be used for all other professional activities.
   - (c) CEU's and PRP's are not assigned to normal job responsibilities and activities.
   - (d) CEU's and PRP's are calculated on contact hours; ten contact hours are the equivalent of one CEU or PRP -- whichever term may be applicable. Contact hours do not include meals, breaks, etc.
2. Approve educational programs for CEU's and assign the unit to the activity, provided it meets the National Task Force recommendations and ANA Standards.
3. Approve applications and report forms from members for CEU's and PRP's. Certification will be from July 1 through June 30 every year. Members are asked to send their 102 forms to FNA Headquarters by July 31.

Certification Requirements

1. Current licensure as a registered nurse.
2. Two Continuing Education Units (20 contact hours).
3. Three Professional Recognition Points (30 contact hours).
4. Membership in the professional organization.

New graduates from basic programs must meet the above requirements, on a prorated basis for the first year.

Standards for Programs

1. The program of Continuing Education is relevant to both educational needs of nurses and health needs of consumers. Program planners, learners, educators, nursing service personnel and consumers of health services participate in identifying these needs.
2. Behavioral objectives are defined for each Continuing Education activity and used as a basis for determining content, learning experiences and evaluating effectiveness.
3. Continuing Education programs are designed to assist registered nurses to:

   * acquire and update knowledge and skills
   * prepare for re-entry into practice

---

[1] Standards for Continuing Education in Nursing, page 2, 1974. Availabe from ANA at $1.00 per copy.

*These forms are available at FNA Headquarters, P. O. Box 6985, Orlando, Florida 32803.

- make a transition from one area of practice to another
- acquire greater depth of knowledge and skill in one particular area of nursing
- enhance professional attitudes and values
- implement concepts of change both within the individual's own practice and throughout the health care delivery system
- assume responsibility for personal and professional development
- encourage the improvement of the ability of other health care workers to meet the specific needs of the public served by the health agency
- promote and support innovation and creativity in health services

. When appropriate, an interdisciplinary approach to sponsoring, planning, and implementing Continuing Education activities is encouraged.

. Continuing Education activities are implemented through a variety of formats and teaching methodologies to achieve the teaching-learning objectives; i.e. workshops, institutes, conferences and planned clinical laboratory experiences, etc.

. In the selection of resource persons for Continuing Education programs, care is exercised in choosing persons with expertise and clinical competence in the material to be presented.

. Continuing Education programs for nurses are developed under the direction of and/or in collaboration with nurses who are skilled in designing and implementing the appropriate learning experiences.

. The time allotted to any Continuing Education activity is sufficient to insure coverage of the content, development of defined skills, opportunity for reflection, and other accomplishments of identified goals.

. Provision for continuous evaluation is an integral element of the Continuing Education program and of each specific activity within the program.

he Chairman and/or Executive Director of Florida urses Association then notifies the applicant of he evaluation results. The number of CEU's may hen be printed on programs, announced at the meetng, or be otherwise disseminated.

he Committee is reviewing only those programs designed for Continuing Education for registered urses. If individuals attend other kinds of prorams which they find useful in their particular ork situation, they should submit the program with heir individual objectives and the program is reiewed on an individual basis. The CEU assigned ould then be listed, by that individual nurse on he 102 Form when submitted in July.

PROCEDURE FOR SUBMITTING PROGRAMS FOR CEU APPROVAL

Mail to:
Committee on Nursing Education
Florida Nurses Association
P. O. Box 6985
Orlando, Florida 32803

Submitted by:
Name
Institution or agency
Address

(When possible submit two copies of programs and course outlines 60 days in advance.)

Date of Program

A. Behavioral Objective to be attained by the registered nurse attending this program

B. Title of Program

C. Qualification of speakers or faculty which reflect their expertise and clinical competence in material being presented

D. Program sponsors

E. Type of audience (open or restricted to R.N.'s) Is this part of normal job responsibility or requirements?

F. Registration Fee (if any)

G. Total number of contact hours (meals and breaks are not included)
Programs of less than an hour are not reviewed unless part of a series.

H. Where will program be presented?

I. What kind of evaluation process is used to determine if objectives are met?

References:
Avenues for Continued Learning (pamphlet, prepared by ANA, April, 1967.
An Abstract for Action, National Commission for the study of Nursing and Nursing Education, published by McGraw-Hill Book Company, 1970.
Essentials of Approved Programs in Continuing Medical Education, (pamphlet), prepared by the Council on Medical Education of the American Medical Association, June 1970.
The Continuing Education Unit, an interim statement of THE NATIONAL TASK FORCE to study the feasibility and implementation of a uniform unit for the measurement of non-credit continuing education programs. October 20, 1970.
Standards for Continuing Education in Nursing, ANA, 1974.

JECTIVES: At the conclusion of this conference the Program Planner will:

1. Submit several programs for one year, based upon a major concept in nursing, suitable to the learning needs of a practicing R.N.
2. Identify other agencies involved in similar or parallel activities.
3. Identify local resource persons and the steps necessary to locate others who may assist in conducting the programs.
4. State specific behavioral objectives to be attained by each program.
5. Identify appropriate subject matter to be included in the programs.
6. Select an appropriate form of instruction to fulfill the stated objectives and the learning needs of an adult, practicing R.N.
7. Identify a system of evaluation to determine if the objectives have been met.

OGRAM:

APPROVED .5 CEU'S

8:30-9:00	Registration
9:00-9:15	Greetings........................ Regional Director and/or President of Local District FNA
9:15-9:45	Review of Problems Faced by Program Planners........Dr. Winifred H. Griffin, Coordinator, FRMP #189 B
9:45-10:00	Coffee Break
10:00-12:00	Group for Committee Simulation, (Resource Persons will circulate and assist)
12:00-1:00	Lunch
1:00-2:00	Feedback on Simulation .... Mrs. Lora Craig, R.N., M.N., Project Staff
2:00-3:15	Discussion of Local Needs With Task Force Representative.................... .... Mrs. Judie K. Moorhead, R.N., M.S., Continuing Education Coordinator
3:15-3:30	Evaluation and Summary.................................... Faculty

....

ISTRATION FORM

E________________________________

RESS______________________________

____

A OF
CTICE______________________________

ANCE REGISTRATION REQUIRED.

re is no tuition fee but participants
l be expected to pay for their own
fee break and lunch.

"HOW-TO CONFERENCE ON CONTINUING EDUCATION"

I plan to attend the following: (circle one)

#1 -	Sept. 18	University of West Florida, Pensacola, Florida
#2 -	Oct. 8	Palm Beach Junior College, Lake Worth
#3 -	Oct. 10	South Florida Junior College, Avon Park
#4 -	Oct. 15	Brevard Community College, Cocoa
#5 -	Oct. 17	University of North Florida, Jacksonville

ITEM 13

Names of Resource Persons in all five regions of FNA are available through the project office.

ITEM 14

RULES AND REGULATIONS

OF

THE FLORIDA STATE BOARD OF NURSING

CHAPTER 280-1: ORGANIZATION
210-1:

15

280-1.03 The Agency Head

The Board of Nursing is composed of seven (7) members, five (5) registered professional nurses and two (2) licensed practical nurses appointed by the Governor for a term of four (4) years. The Board is charged with the responsibility for safeguarding life and health through regulation of the practice of nursing by any person who practices or offers to practice for hire or gain.

General Authority S120.54(9), F.S. Law Implemented S120.53(1), (d) The continuing education unit shall be under the direction of the Continuing Education Coordinator. It shall be the responsibility of the continuing education unit to assist health care facilities and other groups to plan, implement, and evaluate inservice and continuing education programs for nurses; to promote a coordinated statewide system of continuing education for nurses; to initiate and coordinate research to determine current competency of nurse practitioners; to plan and conduct continuing education programs to upgrade the knowledge and skills of nurses.

General Authority SS20.03, 464.031, 464.051, 120.54(9) F.S.

Law Implemented S120.53(1), F.S. History - New 12/30/74

ITEM 15

CONTINUING EDUCATION COORDINATOR-SBN

DISTINGUISHING CHARACTERISTICS OF WORK

This is advanced nursing education work in planning, organizing and coordinating continuing education programs for the State Board of Nursing.

The employee in the position allocated to this class performs highly responsible nursing education work which involves planning, developing and coordinating continuing education programs in clinical nursing practice areas. Duties include planning and conducting conferences, workshops and institutes for nurse practitioners to upgrade knowledge and skills, assisting health care facilities in planning, developing and implementing inservice education programs and preparing and distributing information and materials relating to continuing education and new nursing techniques.

Work is performed under general supervision of the Coordinator of the Board of Nursing and is reviewed through conferences and reports for achievement of desired results.

EXAMPLES OF WORK PERFORMED

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Initiates, coordinates and conducts surveys of continuing education programs throughout the state to determine their adequacy to update and maintain competency of nursing practice.

Plans and conducts conferences, workshops and institutes for nurse practitioners to upgrade knowledge and skills.

Assists health care facilities to plan, implement and evaluate inservice continuing education programs.

Conducts studies and research in analyzing scientific developments to provide factual information for needed changes in developing nursing education and nursing practice.

Proposes legislative changes of the current nurse practice act as related to nursing practic

Prepares and distributes information related to continuing education.

Serves as a resource person to individuals and groups charged with the responsibility of continuing education for nurses. Prepares statistical data and reports relative to area of continuing education.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

Graduation from an accredited four year college or university with major course work in nursing. Masters Degree in nursing or nursing education or related field. At least three years experience in teaching and/or administration, or advanced preparation in the area of adult education with theory and practice.

Necessary Special Requirement

Licensure as a registered nurse in the State of Florida.

ITEM #16

F.R.M.P. #189B

KNOWN GROUPS (BESIDES 42 F.N.A. DISTRICT ASSOCIATIONS) WHO ARE WORKING, AS OF 6-25-75, FOR QUALITY AND QUANTITY OF C.E. PROGRAMS FOR REGISTERED NURSES IN FLORIDA

LOCATION	TITLE
Arcadia	SeSoto/Hardee County Task Force CE
Clearwater	Upper Pinellas-West Pasco Committee of CE for Professional Health Occupations
Cocoa	Brevard County Local Task Force on CE
Dunedin	Upper Pinellas Nurse Leaders
Ft. Lauderdale	Broward County Task Force on CE
Ft. Myers	"PACE" - Positive Action for CE
Gainesville	Regional Council of Directors of Nursing Inservice & CE
Jacksonville	"JANIE" J.H.E.P. (Health Educ. Planning Group-Primarily MD)
Lakeland	Advisory Board of CE for Nurses of Polk County
Live Oak	Group of CE Planners
Marianna	Chipola Junior College Group
Miami	South Florida Health Manpower Education Consortium
New Smyrna Beach	Volusia/Flagler County Task Force on CE
Orlando	Nursing Inservice Association of Greater Orlando
Palm Beach	Palm Beach Task Force for Nurses
Panama City	Panama City Jr. College Group

Known Task Forces (continued)

LOCATION	TITLE
Pensacola	"PACERS"
Polk County/Winter Haven	Advisory Board for CE
Port Charlotte	Port Charlotte Continuing Education
St. Petersburg	Lower Pinellas County Task Force on CE
Tampa	NEAT (Nursing Educators Association of Tampa)

ITEM 17

SUMMARY OF QUESTIONNAIRE RESPONSES

"Characteristics of Continuing Education Leaders - Region II"

Individuals in attendance are fairly well-educated. The majority had masters (11) or bachelors (9) degrees, out of 25.

The majority (15) had no advance preparation in C.E.

The value placed on C.E. was 4.67 (very high).

There was a unanimous (25) belief that interagency coordination would be helpful.

There was a unanimous (25) willingness to participate.

For best days and times see attached list.

The majority (18) are willing to devote one to three hours per month, (6) were willing to devote three to five hours (one was left blank).

Responsibility within agency:

*15 Plan programs

*14 Coordinate programs

*12 Evaluate program

*8 Assist in mechanism

Numbers represent amount which responded.

Basis of program selection:

**19 As expressed by employees
**18 As perceived by program planners
15 As perceived by employer
4 No programs were offered

commend drop none.

Form of publicity employed:

16 Bulletin
16 Announcements at meetings
14 Word-of-mouth
11 Brochure
8 Newsletter
6 Newspaper

4 Radio
3 Telephone
3 Monthly calender (schedule)
2 Posters
2 Memo
2 TV
0 TV Guide (recommend drop)

3) Any feedback systems on publicity

9 Not certain
6 No
4 Yes

4) Which type of publicity is most effective (accepted responses only from those four agencies with feedback system).

*1. Direct publicity to the hospitals.
2. Brochures, telephone, memo.
*3. Direct publicity to hospitals
4. Memorandum

Note: 1 and 3 were from different individuals working in same agency.

5) Method used to evaluate responses by participants to C.E. Program. (Questionnaires are numbered for ease in identification.)

1. Questionnaires, faculty feedback.
3. Questionnaire, faculty feedback.
5. Evaluation by participants and their superiors.
2. Opinionaires and evaluation sessions - post conference.
10. Word-of-mouth - written reports
12. Written evaluation.
13. Questionnaire.
14. Written evaluation post program.
16. Mike Spillane will answer this question.
17. Informal, person-to-person poll. No form is filled out at present.
18. Listens, written reports requested.
19. Written self-evaluation of program evaluation.
4. Verbal response and questionnaires at end of program.
20. Feedback thru evaluation forms
22. Application of knowledge or skills in performance.
25. Questionnaire completed by participant.

) Method used to evaluate effectiveness of C.E. Program on R.N.

1. Informal observation.
2. Informal
3. Informal observations.
4. On the subsequent performance.
6. Annual evaluation may reflect effect of "on-the-job" programs.
10. Nursing supervisor and department head - audit where applicable.
11. Individual performance appraisal.
12. Feedback (oral).
13. Clinical assessment by clinical specialists.
14. Subjective entirely.
16. Mike Spillane.
19. Varies with the program. Employee performance evaluations, observations by in-service instructors, medication incident reports, infection control records, nursing audit system, etc.
20. Head nurse observations, staff efficiency.
22. Direct involvement with R.N.'s work situation.
25. Supervisor, head nurse evaluations.

) By whom, (position held) is the evaluation done?

1. Instructors
2. Feedback at meetings.
3. Instructors.
4. In-service and C.E. instructor.
6. Supervisory head nurse, participates herself.
8. Plan to have joint evaluation by project coordinator and Dept. of Nursing.
10. Department heads.
11. Immediate supervisor.
12. Head nurse and supervisor.
13. Clinical supervisors staff development, clinical specialists (informal).
18. No position, director of nursing offers opportunities to C.E. reports (oral) given to staff, if enough time.
19. Supervisors, in-service instructors, audit committee, nursing admin.
20. Head nurse and in-service supervisor.
22. Myself and R.N. participants
25. Supervisor, head nurse evaluation.

) Approximate number of R.N.'s who attended all programs in 1974:

estionnaire	1	2	3	4	5	6	7	8	9	10
sponse	255	280/300	255	1,854	3	--	--	N/A	?	?

estionnaire	11	12	13	14	15	16	17	18	19	20
sponse	400	114	350	1,341	80/90	?	70	22/28	1,341	?

estionnaire	21	22	23	24	25
sponse	?	100%	--	--	879

NOTE: 1, 3, 14 & 19 all from same agency.

) On average, number of R.N.'s attending each program in 1974?

estionnaire	1	2	3	4	5	6	7	8	9	10
sponse	21	--	21	309	3	7/29	--	N/A	15	--

estionnaire	11	12	13	14	15	16	17	18	19	20
sponse	6/10	8	40	24.8	10/15	15/20	70	?	24.8	0

estionnaire	21	22	23	24	25
sponse	?	35/50%	--	--	13

NOTE: 1, 3, 14 & 19 all from same agency

) How many program co-sponsors in 1974?

estionnaire	1	2	3	4	5	6	7	8	9	10
sponse	2	0	2	0	1	5	12	0	0	4

estionnaire	11	12	13	14	15	16	17	18	19	20
sponse	0	0	1	3	0	?	0	?	4	0

estionnaire	21	22	23	24	25
sponse	?	--	--	--	6

NOTE: 1, 3, 14 & 19 all from same agency.

) Preplanned schedule for C.E. programs for 1975.

estionnaire	1	2	3	4	5	6	7	8	9	10
sponse	Yes	--	Yes	Yes	No	Yes	Yes	No	Not certain	Not certa

estionnaire	11	12	13	14	15	16	17	18	19
sponse	No	No	Yes	Yes	Yes	Yes	Yes	No	Not certain

estionnaire	20	21	22	23	24	25
sponse	No	--	Yes & No	--	--	--

NOTE: 1, 3, 14 & 19 all from same agency.

MONDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	2	2	3	4	4	5	2	1	1	1	1	1

TUESDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	3	4	5	3	5	3	4	2				

WEDNESDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	2	4	4	5	9	6	6	4		1		

THURSDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	5	4	6	4	7	5	3	2	2	3	2	1

FRIDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	6	5	5	8	11	8	4	3	2	2	1	1

SATURDAY

our	10	11	12	1	2	3	4	5	6	7	8	9
umber	2	2	2	2	2	1	1	2	1	2	1	1

ecommended best days and times:

Wed., Thurs., Fri. - 1, 2, 3

ITEM 18

F.R.M.P. #189B
REGION II CONSORTIUM MEETING - APRIL 8, 1975
HOLIDAY INN, ST. PETERSBURG

CONFERENCE EVALUATION

ECTION: It would help the Project Coordinator if you would express your reaction to this meeting by circling the number for each item on the scale.

1. Adequate mechanisms for getting feedback:

Poor Feedback Mechanisms 1 2 3 4 5 Excellent Feedback Mechanisms
Average

2. Adeqqate decision making procedure;

Poor Decision Making Procedure 1 2 3 4 5 Very Adequate Decision Making
Average

3. Optimal cohesion:

Low Cohesion 1 2 3 4 5 Optimal Cohesion
Average

4. Flexible organization and procedures:

Very Inflexible 1 2 3 4 5 Very Flexible
Average

5. Maximum use of member resources:

Poor Use Of Resources 1 2 3 4 5 Excellent Use Of Resources
Average

6. Clear communications:

Poor Communication 1 2 3 4 5 Excellent Communication
Average

CONFERENCE EVALUATION (Cont'd)

7. Clear goals accepted by members:

Unclear Goals - Not Accepted 1 2 3 4 5 Very Clear Goals - Accepted
Average

8. Feelings of interdependence with authority persons:

No Interdependence 1 2 3 4 5 High Interdependence
Average

9. Share participation in leadership functions:

No Shared Participation 1 2 3 4 5 High Shared Participation
Average

10. Acceptance of minority views and persons:

No Acceptance 1 2 3 4 5 High Acceptance
Average

Edgar H. Schein: Process Consultation:Its Role in Organization Development. Redding, Mass. Addison-Wesley Publishing Co., 1969, p. 62.

BIBLIOGRAPHY

Argyris, C., *Integrating the Individual and the Organization*. New York: John Wiley and Sons, (1964).

Armstrong, R. J., et al. *The Development and Evaluation of Behavioral Objectives*. Worthington, Ohio: Charles A. Jones Publishing Co., (1970)

Babcock, S. S. and Schild, E. O., *Simulation Games in Learning*. Beverly Hills, Calif.: Sage Publications, Inc., (1968)

Bare, C. E., "Behaviorial Changes Through Effective Evaluation," *Jour. Nurs. Educ*. 6(11) (1967): 7-9.

Barton, R. E., *A Primer on Simulation and Gaming*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., (1970).

Beckhard, Richard. *Organization Development*: Strategies and Models. Reading, Mass.: Addison-Wesley Publishing Co., (1969).

Bell, G. D. *Organizations and Human Behavior*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc. (1967)

Bower, F. L. *The Process of Planning Nursing Care*: A theoretical Model. St. Louis, Mo.: C. V. Mosby Co., (1972)

Bulpitt, Mildred, "The Adult Student" in Dorothy M. Knoell (Ed.), *Understanding Diverse Students*. Mew Firections for Community Colleges (1973) 1(3): 55-69

Carlson, E., *Learning Through Games: A New Approach to Problem-Solving*. Washington D.C., Public Affairs Press, (1969).

Carnegie Commission on Higher Education. *Priorities for Action*: Final Report of the Carnegie Commission on Higher Education. New York: McGraw-Hill, (1973).

Carnegie Commission on Higher Education. *The Fourth Revolution*: Instructional technology in Higher Education. New York: McGraw-Hill, (1972).

Carnegie Commission on Higher Education. *Less Time, More Options*. New York: McGraw-Hill, (1971).

Carnegie Commission on Higher Education. *New Students and New Places*. New York: McGraw-Hill, (1971).

Collen, Morris F. (Ed.), Technology and Health Care Systems in the 1980's. DHEW Publication # (HSM) 73-3016. Washington, D.C.: Government Printing Office, (1973).

Commission on Non-Traditional Study. Diversity by Design. The Jassey-Bass Series on Higher Education. San Francisco, Calif.: Jassey-Bass, (1973).

Dalton, Gene W. and Lawrence, Paul R., Motivation and Control in Organizations. Homewood, Illinois: Richard D. Irwin, Inc. and the Dorsey Press, (1971).

Detornyay, R., Strategies for Teaching Nursing. New York: John Wiley and Sons, Inc., (1971).

Douglas, Laura M. and Em Olivia Bevis, Nursing Leadership in Action. 2nd Ed. St. Louis, Mo., C. V. Mosby Co., (1974)

Extending the Scope of Nursing Practice. A report of the Secretary's Committee to study extended roles for nurses. DHEW Publication # (HSM) 73-2037, Washington, D.C.: Government Printing Office, (1971).

Gibbs, G. E., "Will Continuing Education be Required for License Renewals?" A.J.N. 71(11) (1971) 2175-2179.

Growth Guide. The California Network of Health Services/Manpower Education Consortia, California Regional Medical Program. Oakland, Calif., (1975).

Haase, Patricia T. and Smith, Mary Howard. Nursing Education in the South - 1973. Pathways to Practice, Vol. 1, Atlanta, Ga.: Southern Regional Education Board, (1974).

Houke, Cyril O., The External Degree. San Francisco, Calif., Jassey-Bass, (1973).

Kramer, Marlene., Reality Shock. St. Louis, Mo., The C. V. Mosby Co., (1974).

Krekeler, Kathleen,"Continuing Education - Why"

Lippitt, R., Dynamics of Planned Change. New York, N.Y.: Crowell (1969).

Litterer, J. A. Organizations: Systems, Control and Adaptation. 2nd Ed. New York, N.Y., John Wiley and Sons, Inc. (1969) Vol. 2.

Lysaught, Jerome P., *From Abstract to Action*. New York, N.Y.: Mc Graw-Hill (1973).

MacDonald, Ginendaline. "Significance of Changes for the South." In *SREB Council on Collegiate Education for Nursing*. Report of 18th meeting. Atlanta Southern Regional Education Board, (1972).

Mager, R. F. and Pipe, P., *Analyzing Performance Problems*. Belmont, Calif.: Fearon Press, (1970).

McAshan, H.H. *The Goals Approach to Performance Objectives*. Philadelphia, Pa. W. B. Saunders Co., (1974).

Miller, James G., *A General Systems Approach to the Patient and His Environment*. Systems and Medical Care. Cambridge, Mass.: MIT Press, (1972).

Moore, Michael Grahame, "*Toward A Theory of Independent Learing and Teaching*." Journal of Higher Education, 44(9) (1973) 661-679.

Moore, Raymond S."Consortiums in American Higher Education" (1965-66) Washington, D.C.,: Government Printing Office, (1968).

Patterson, Lewis D. 1973 *Consortium Directory*. Washington, D.C.: American Association for Higher Education, (1973).

Plott, J. R., *Perception and Change*. Ann Arbor, Mich." University of Michigan Press, (1970).

Rogers, C., *Freedom to Learn*. Columbus, Ohio: Charles E. Merrill Publishing Co., (1969)

Ruesch, T. and Bateson, G., *Communication: The Social Matrix of Psychiatry*. New York, N.Y., W. W. Norton & Co., Inc., (1968).

Sylvester, Marilyn J., "Management Games: A Useful Link Between Theory and Practice" *Jn. Adm.* (July/Aug. 1974) 28-32.

Vigier, F., *Change and Apathy*. Cambridge, Mass.: MIT Press, (1970).

Von Bertalanfly, L., *General Systems Theory*. New York, N.Y. George Brazillet, (1968).

Wall, Milan, "Taking Education to the People: The S-U-N Project". Educational and Industrial Television (1973) 5(10): 15-17

Wenberg, John R. and Wilmont, William W. *The Personal Communication Process*. New York, N.Y.: John Wiley & Sons, Inc., (1973).